

Date 7-16-04 Age 37 W/F
 Religion Unknown Race Chc.
 Patient Name Robertson, Ricky
 UH# 708320 Q
 Dx Drug Abuse, Sepsis
 Allergies NKDA
 Adm. Weight 103.7 Today's Weight
 Isolation (Type) A.P.
 Code Status F-11

Drug Titrations

<u>Dopamine 800mg/1000cc</u>	1 cc = <u>0.256 mg/kg/min</u>
<u>Levophed 32mg/250cc</u>	1 cc = <u>0.02mg/kg/min</u>
	1 cc =
	1 cc =
	1 cc =
	1 cc =
	1 cc =

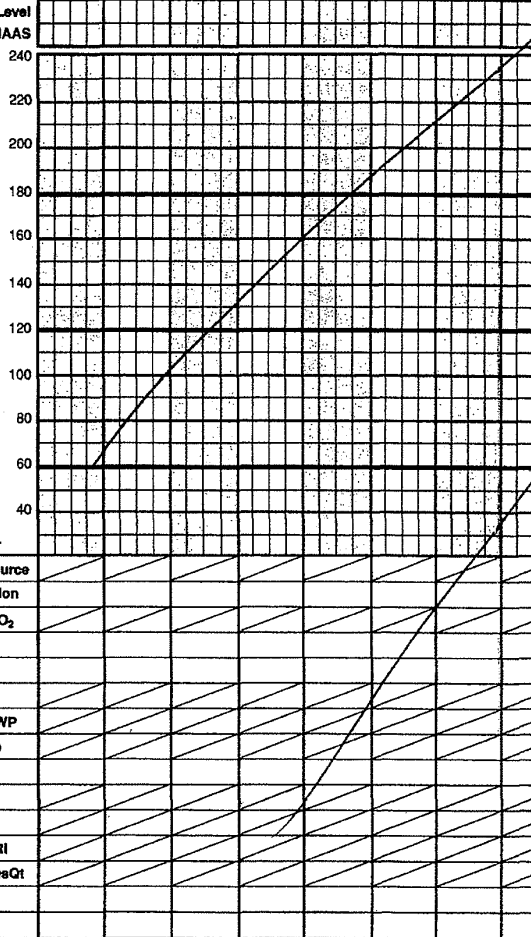
ADULT INTENSIVE CARE
Medical Record Form 5648-Rev. 9/0

RESPIRATORY VALUES													Blood Gas Values					
Ventilatory Support																		
TIME	MODE	RR-SET	V _T	PIP	PEEP	PS	pH	PaCO ₂	PaO ₂	O ₂ Hgb	HCO ₃	BE						
	Auto-mode			MV														
0420	PRVC	16		5	100													
0520	PRVC	16		5	100		7.20	47	57		16							
0630	PRVC	16		5	65													

Pain Level
 (+ or 0-10)
 U = Unable to Rate
 -- See Narrative

v A NIBP
 ⊕ Cuff BP
 ⊕ A-line BP
 X MAP
 (-) Heart Rate
 ⊗ CPP
 po ORAL
 R Rectal
 T Tympanic
 F Foley
 Ax Axillary
 C Core

EKG Legend
 SR = Sinus Rhythm
 SB = Sinus Brady
 ST = Sinus Tach
 AF = Atrial Fibrillation
 ATF = Atrial Flutter
 SVT = Supra Ventricular Tachycardia
 PAC = Premature Atrial Contraction
 PVC = Premature Ventricular Contraction
 VT = Ventricular Tach
 PR = Paced Rhythm
 HB = Heart Block (1, 2, 3)
 JR = Junctional Rhythm
 WCT = Wide Complex Tach.

Pain Level
MAAS

MAAS (Motor Activity Assessment) Scale

Score	Description
0	Unresponsive—Does not move with noxious stimuli.
1	Responsive only to noxious stimulus—Opens eyes OR raises eyebrows OR turns head toward stimulus OR moves limbs with noxious stimuli.
2	Responsive to touch or name—Opens eyes OR raises eyebrows OR turns head toward stimulus OR moves limbs when touched or name is loudly spoken.
3	Calm and cooperative—No external stimulus is required to elicit movement AND patient is adjusting sheet or clothes purposefully and follows commands.
4	Restless and Cooperative—No external stimulus is required to elicit movement AND patient is picking at sheets or tubes OR uncovering self and follows commands.
5	Agitated—No external stimulus is required to elicit movement AND attempting to sit up OR moves limbs out of bed AND does not consistently follow commands (e.g. will lie down when asked but soon reverts back to attempts to sit up or move limbs out of bed).
6	Dangerously agitated, uncooperative—No external stimulus is required to elicit movement AND patient is pulling at tubes or catheters OR thrashing side to side OR striking at staff OR trying to climb out of bed AND does not calm down when asked.

*Noxious stimulus, suctioning OR 5 seconds of vigorous orbital, sternal, or nail bed pressure
 IF PT ID CARD OR LABEL IS UNAVAILABLE, WRITE DATE, PT NAME AND UH# IN SPACE BELOW

001172218
 708320Q CMS 08-21-66
 ROBERTSON, RICKY
 30001068644 MPU
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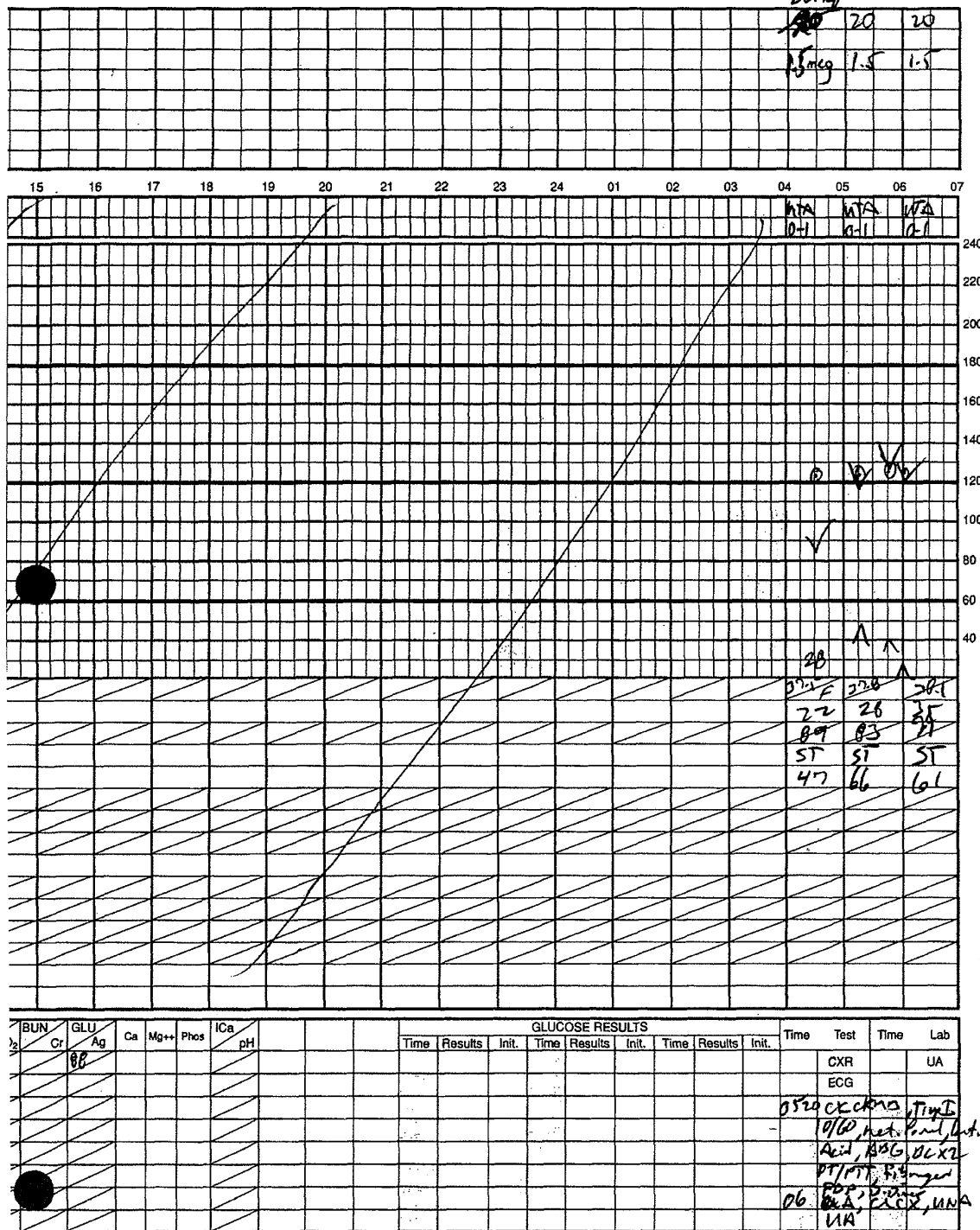
MICU-

071604

LABORATORY VALUES

Time	WBC	HGB	HCT	PLT	PT	ACT	Time	CPK	MB	Time	NA+	CL-
					INR	PTT		MB	TRAP		K+	Cl-

UNIT FLOW SHEET—Department of Nursing The University of Texas Medical Branch Hospitals, Galveston, Texas



TIME	Lecopke		Dym...	
	#1	#2	#1	#2
7AM				
8				
9				
10				
11				
12N				
13				
14				
15				
16				
17				
18				
12HR Total				
19				
20				
21				
22				
23				
24				
01				
02				
03				
04				
05	1250	1300		
06	131	327		
	264	123		
12HR Total	264	173		
IN				
OUT				
Time		Prod		
Donor #				
Time		Prod		
Donor #				

Siderails Up	Y4
Bath/Linen Change	
Mouth Care/Eye Care	
Foley Care/Peri Care	
Wash Hair/Shave	
Cough/Deep Breathe	
Incentive Spirometry	
Trach Care	
Position Change	
Activity	BB
Family Visit	
Clergy Visit	
Alarms Set/Reviewed	
TEDS/SCDS	
HOB	↑ >30
Fall Risk Measures	
ID Band	
Restraints	

2 Kms
Dop and
Cerylated

Signature/
Title/Shift/Init.

TREATMENT SECTION

	8	10	12	14	16	18	20	22	24	02	04	06
terails Up											✓	✓
th/Linen Change											✓	✓
uth Care/Eye Care												
ey Care/Peri Care											✓	
sh Hair/Shave												
ugh/Deep Breathe											✓	✓
entive Spirometry												
ch Care												
sition Change											✓	✓
ivity											✓	✓
nily Visit											✓	
rrgy Visit											✓	
rms Set/Reviewed											✓	
DS/SCDS												
IB ↑											✓	✓
I Risk Measures								✓				
Band								✓				
straints	Y/N							Y/N				

PAIN & SEDATION ADMINISTRATION Daily Comfort Goal WVA[illegible]

IN/SQ SITE CODES

IM/SQ SITE CODES

1. Lt. Arm	3. Lt. Abd.	5. Lt. Hip	7. Lt. Thigh
2. Rt. Arm	4. Rt. Abd.	6. Rt. Hip	8. Rt. Thigh

MEDICATION RESULTS

MEDICATION RESULTS
S = Successful LOC = Location
U = Unsuccessful *See Nursing
 Progress Section

MEDICATION ADMINISTRATION

Medication	Dose	Route	0700-1859	1900-0659
2 K ₂ POs Orals in K ₂ NS D ₁ 100mg enkephal	2 AMEs 800mg/100cc 32mg/250cc	IVPB IVPA IVPA		050 050
		✓ 2w 7p 7r 12		

NURSING NOTES—ALL ENTRIES MUST BE TIMED AND SIGNED WITH STATUS

0420 Recd this 37 yo from the ER. Pt is comatose to bedside monitor. Dopine sat @ 20mg. Levoflox sat @ 1.5mg/kg/qid. Pt is unresponsive. Intubated PRVC FIO2 100%. NAD noted. U/A monitor. *[Signature]*

0540 Dr. Morris and Dr. Wethered @ bedside starting fem. A-line. *[Signature]*

12 K.R. 0600 Dr. Morris and Dr. Wethered wake to start. Will continue to monitor. *[Signature]*


0610 Report given to A.M. Slitt. *[Signature]*

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1059

		Dinner			
3/4	1/4	1/2	3/4		
All	None	NPO	All		
nack		PM Snack			
3/4	1/4	1/2	3/4		
All	N/A	NPO	All		

 _____

Assist _____

Feeding _____

Change _____

Time _____

INVASIVE LINES	
Type	Site Assess
S = Single Cath	R = Redness
T = Single Lumen	T/B = Thrill/Bruit
D = Dual Lumen	I = Infarct
T = Triple Lumen	D = Draining
D = Quad Lumen	B = Bleeding/Bloody
DI = Dialysis	P = Pain
PC = Portacath	H = Hematoma
PA = Pacath	C = Clean, Dry, Non-Inflamed
I = Introducer	Waveform
EP = Epidural	A = Arterial
Ho = Hohn	T = Atrial
H = Hickman	D = Damaged
G = Groshong	W = Wedged
L = LA Line	V = Ventricular
P = PICC Line	B = Bolt
V = Ventriclestomy	
AL = Arterial Line	
PTFE = Dialysis Access	
DSG TYPE	
TR = Transparent Only	
TG = Transparent/Gauze	
NO = Non Occlusive	
DSG Cond.	
DI = Dry/Intact	
SI = Salvaged/Intact	
N = Not Intact	
C = Changed	

10-60

[illegible]

NEUROLOGICAL										CARDIOVASCULAR										RESPIRATOR													
Time	1 Level of Consciousness	2 GCS			3 Arm Movement			4 Leg Movement			5 Pupils			6 Gag Reflex	7 Heart Tones	8 Jugular Vein	9 Bruit	10 Temporary Pacemaker			11 Timing Points			12 Respirations	13 Breath Sounds					14 Chest Expansion	15 Oxygen Mode	16 Percent O ₂	17 SpO ₂
		Eye Open	Best Verbal	Best Motor	Arm	Leg	Size	Reaction	Size	Reaction	Rate	Temp	Apix					Timing	Rate	Temp	Apix	Rate	Temp		Apix	Rate	Temp	Apix	Rate				
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NEUROLOGICAL

1 Level of Consciousness

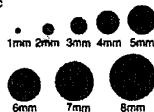
A = Alert
O = Oriented
C = Confused
R = Restless
D = Drowsy
L = Lethargic
S = Sedated
P = Paralyzed
CB = Combative
U = Unresponsive
2 Glasgow Coma Scale
Eyes Open
4 = Spontaneously
3 = To Verbal
2 = To Pain
1 = Never
Best Verbal Resp.
5 = Oriented & Converses/Writes
4 = Disoriented & Converses/Writes
3 = Inappropriate Words
2 = Incomprehensible Sounds
1 = No Response

3 Arm/Leg Movement

0 = No Movement
1 = Muscle Contraction
2 = Weak Contraction
3 = Normal Motion
4 = Normal Motion
5 = Some Resistance
6 = Normal Motion
Full Resistance

4 Pupil Reactions

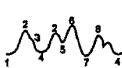
++ = Reacts to Light
- = Non-Responsive to Light
S = Sluggish
G = Gag Reflex
++ = Present
Q = Absent
U = Unable to assess
Nerve Stimulator
Tach/ma
+ = Present
(1, 2, 3, 4 or 5)
O = Absent



CARDIOVASCULAR

7 Heart Tones

N = S₁ & S₂
S3 = S3
S4 = S4
M = Murmur
R = Rub
D = Distal
ND = Non-distended
D = Distended
UTA = Unable to Assess
9 Bruit
C = Carotid R/L
F = Femoral R/L
A = Abdominal
N = None
UTA = Unable to Assess
10 IABP
Augmentation
1:1
1:2
1:3
TRIGGER
E = ECG
P = Pressure
BLEEDING
O = No Bleeding/No Further Bleeding



1 = Mild Bleeding
2 = Moderate Bleeding
3 = Large Bleeding
DRESSING
C = Clean/Dry/Intact
S = Saturated with Blood
= Changed
11 Time/Points
1. Aortic Valve Opens
2. Unassisted Systole
3. Aortic Valve Closes
4. Unassisted Aortic End Diastolic Pressure
5. Inflation Point
6. Diastolic Augmentation
7. Assisted Aortic End Diastolic Pressure
8. Assisted Systole

RESPIRATORY ASSESSMENT

12 Respirations

R = Regular
U = Nonlabored
D = Deep
S = Shallow
L = Labored
I = Irregular
K = Kusamal
ND = Rapid
C = Cheyne Stokes
13 Breath Sounds
C = Clear
FC = Crackles
CC = Coarse Crackles
W = Wheezes
D = Diminished
E = Expiratory
S = Stridor
A = Absent
14 Chest Expansion
E = Equal
U = Unequal
A = Accessory Muscles

15 Oxygen Mode

RA = Room Air
NC = Cannula
N = Nasal ETT
O = Oral ETT
B = Blowby
T = Trach
ATC = Aerosol T.C.
VFM = Vent FM
NRB = Non-Rebreather
AFM = Aerosol FM
BI = BIPAP
C = CPAP
SFM = Simple Face Mask
16 Secured
H = Hollister
TT = Trach Tie
T = Tape
W = Wire
S = Suture
17 Cough
S = Strong
W = Weak
P = Productive
D = Dry

19 Amou

L = Large
M = Mod
SM = Sm
N = None
20 Conal
TN = Thr
TC = Thk
M = Muc
F = Froth
21 CHES
W = Watt
S = Suct
Air Leak

TREATMENT SECTION

	8	10	12	14	16	18	20	22	24	02	06
derails Up											
ish/Linen Change											
outh Care/Eye Care	AP		AP								
ley Care/Peri Care	AP		AP								
ash Hair/Shave											
ugh/Deep Breathe											
entive Spirometry											
ach Care											
sition Change	B	L	B	B							
tivity	BR										
imly Visit											
ergy Visit	XT			XT							
arms Set/Reviewed	AD										
IDS/SCDS											
OB ↑	20			20							
il Risk Measures											
Band											
straints	Y(N)							Y/N			

PAIN & SEDATION ADMINISTRATION **Daily Comfort Goal**

Daily Comfort Goal

[illegible]

1. Lt. Arm 3. Lt. Abd. 5. Lt. Hip 7. Lt. Thigh
2. Rt. Arm 4. Rt. Abd. 6. Rt. Hip 8. Rt. Thigh

S = Successful LOC = Location
U = Unsuccessful *See Nursing
Progress Section

MEDICATION ADMINISTRATION

[illegible]

NURSING NOTES—ALL ENTRIES MUST BE TIMED AND SIGNED WITH STATUS

0700 Report received as case sent on this 37 yr Col McD - Severe on Onding
unconscious pt resting on per 300 vent pt unresponsive to stimuli & apnoeal
breathing V/S are limphed on dopamine will titrate accordingly will cont to monitor
0800 Pt resting unresponsive to all stimulation pupils fixed & no reaction V/S
on dopamine dopamine off as V/S & limphed & see flumazenil for detail down
0900 light up GABA X4 movement complete needs given as ordered 12/2/10
1000 NIT placed to O nose pt resting unresponsive pt remains on vent. 02 at
795 100% done 1 verapamil for COOX canal tolerated well V/S flumazenil
flumazenil for detail 1200 Pt remains unresponsive BP ↓ limphed ↑ pt
E apnoeal breathing pattern Pantegon given for temp ↑ 32.2 ice packs to
axillary (Temp & head will cont to monitor 1400 BP ↓ HR ↑ Temp ↑ 74.2 E
M.D. Chelate in prep for code on pt monitor reads V-Tach rhythm
pt remains unresponsive M.D. in conference & family via phone to
determine code status cont to monitor 1500 Dopamine restart & maxed
limphed Max BP ↓ HR ↑ Temp ↑ M.D. X3 Chelate code case to
behold for possibly pad 1610 Pt expired on per M.D. Chelate unlimphed
& Dopamine Maxed bolus N.S. dose & response DNR as per family
con 300 remains V/S = asystole 1630 SWTA called per RN AD pay
notification pt refused. Notification of organs see Cause of death flumazenil
for detail 1730 TDCS internal affairs officer to behold for
photographing of deceased for notification of state records pt passed
& ready for transport to Margue VIMB 1815

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		/	/	19
		/	/	20
		/	/	21
		/	/	22
		/	/	23
		/	/	24
		/	/	01
		/	/	02
		/	/	03
		/	/	04
		/	/	05
		/	/	06

		Dinner		
3/4	1/4	1/2	3/4	
All	None	NPO	All	
inack		PM Snack		
3/4	1/4	1/2	3/4	
All	N/A	NPO	All	

A

☐ Assist

☐ Feeding Bag Change Time

GU
29 GU Mode
 A = Anuric
 V = Void
 ST = Straight Cath
 C = Condom
 F = Foley
 SP = Supra Pubic
 NT = Nephrostomy
 I = Incontinent
 O = Other
30 Urine Clarity
 C = Clear
 Cl = Cloudy
 S = Sediment
 M = Mucous
 B = Bloody

INVASIVE LINES

Type	Site Assess
A = Angio cath	R = Redness
S = Single Lumen	T/B = Thrill/Bruit
D = Dual Lumen	I = Infiltrate
T = Triple Lumen	D = Draining
C = Central Lumen	OB = Oozing/Bloody
D = Dialysis	P = Pain
PC = Portacath	H = Hematoma
PA = Picath	C = Clean, Dry, Non-Inflamed
I = Introducer	Waveform
EP = Epidural	A = Arterial
Ho = Hohn	T = Arter
Hi = Hickman	D = Dampened
G = Groshong	W = Wedged
L = LA Line	V = Ventricular
Pi = PICC Line	B = Bolt

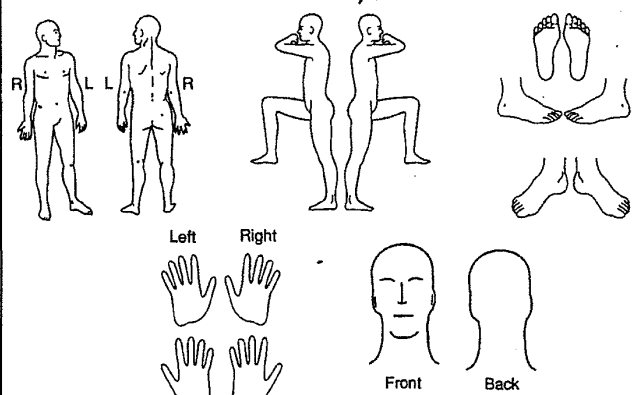
Site Assess
R = Redness
T/B = Thrill/Bruit
I = Infiltrate
D = Draining
B = Bleeding/Bloody
P = Pain
H = Hematoma
C = Clean, Dry, Non-Inflamed

Waveform
A = Arterial
T = Atrial
D = Dampened
W = Wedged
V = Ventricular
B = Bolt

V = Ventriculostomy
AL = Arterial Line
PTFE = Dialysis Access
DSG TYPE
TR = Transparent Only
TG = Transparent/Gauze
NO = Non Occlusive
DSG Cond.
DI = Dry/Intact
SI = Saturated/Intact
N = Not Intact
C = Changed

INVASIVE LINES/TUBES (7A-7P)[illegible]**INVASIVE LINES/TUBES (7P-7A)**[illegible]

Burns TBSA % 0 Total Braden Score 8 Last Done 7-16-04
Specialty Bed Hill Run Total Care



7 A Shift

1. Objekte im Text

7 P Shift

1. _____

[illegible]

B1 = 1st degree
B2 = 2nd degree
B3 = 3rd degree
B4 = 4th degree
DI = Stage I
decubitus
DII = Stage II
decubitus
DIII = Stage III
decubitus
DIV = Stage IV
decubitus
A = Abrasion
Do = Donor site
Es = Escharotomies
Exc = Excoriation
G = Graft
INC = Incision
L = Laceration
R = Rash
F = Fasciotomies

Wound/Type	Wound/Skin
------------	------------

B1 = 1st degree	Description
B2 = 2nd degree	A = Approximated
B3 = 3rd degree	C = Cellulitic
B4 = 4th degree	Color:
DI = Stage I	R = Red
decubitus	B = Black
DII = Stage II	D = Dusky
decubitus	Y = Yellow
DIII = Stage III	P = Pink
decubitus	PU = Purple
DIV = Stage IV	C = Cool
decubitus	DI = Diaphoretic
A = Abrasion	Dr = Drainage: sm, med, lg
D = Donor site	D = Dry
Es = Escharotomy	D/I = Dry/Intact
Exc = Excoriation	Ec = Echinomycosis
G = Graft	E = Eschar
INC = Incision	Ex = Exudate
L = Laceration	Gr = Granulation
R = Rash	H = Healed
F = Fasciotomies	M = Minor lacer

Dressings

AB = Abdominal binder
AP = Abdominal pad
ADP = Adeptic
B = Biobrane
DW = Dry wrap
Ga = Gauze
MS = Montgomery straps
OT = Open to air
PMFMG = Polymyxco fine mesh gauze
SR = Scarflet red
SN = Silver nitrate
SMFMG = Silvamycoc fine mesh gauze
ST = Staples
SS = Steri strips
Su = Surginet
TR = Transparent
Tu = Tubigrip
W/D = Wet to dry
I = Intact
DNRD = Do not remove drsg
* = See narrative

Splints/Supports

BB = Bunny boot
DF = Dorsal flex boots
Ebc = Elbow conformer
HS = Hand splint
KI = Knee immobilizer
HB = Heel lift boot

Drains

HV = Hemovac
JP = Jackson Pratt
PR = Penrose
T = T tube
V = Ventriculostomy

McGillifishMSobertson4236

RESPIRATORY ASSESSMENT															PERIPHERAL VASCULAR															GASTROINTESTINAL/NUTRITION				
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NEUROLOGICAL											CARDIOVASCULAR											RESPIRATORY										
Time	1 Level of Consciousness	2 GCS		3 Arm Movement		4 Leg Movement		5 Pupils		6 Gag Reflex	7 Heart Tones	8 Jugular Vein	9 Bruit	10 Temporary Pacemaker		11 IABP		12 Respirations	13 Breath Sounds					14 Chest Expansion	15 Oxygen Mode	16 Percent O ₂						
		Best Verbal	Best Motor	R	L	R	L	Size	Reaction					Reaction	R	L	R		L	R	L	R	L				R	L	R	L		
07	U	15	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00							
08	U	15	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00								
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NEUROLOGICAL

1 Level of Consciousness
A = Alert
O = Oriented
C = Confused
R = Restless
D = Drowsy
L = Lethargic
S = Sedated
P = Paralyzed
CB = Comatose
U = Unresponsive
2 Glasgow Coma Scale
Eyes Open
4 = Spontaneously
3 = To Verbal
2 = To Pain
1 = Never
Best Verbal Resp.
5 = Oriented & Converses/Writes
4 = Disoriented & Converses/Writes
3 = Inappropriate Words
2 = Incomprehensible Sounds
1 = No Response

Best Motor Resp.
6 = Obeys Commands
5 = Localizes Pain
4 = Flexion/Withdrawal
3 = Flexion/Abnormal
2 = Extension to Pain
1 = No Response

3 Arm/Leg Movement
0 = No Movement
1 = Muscle Contraction
2 = Weak Contraction
3 = Normal Motion
4 = Normal Motion
5 = Normal Motion
6 = Full Resistance

4 Pupil Reactions
+ = Reacts to Light
- = Non-Responsive to Light
S = Sluggish
5 Gag Reflex
+ = Present
0 = Absent
U = Unable to assess
6 Nerve Stimulator Twitch/mA
+ = Present
- = Absent
(1, 2, 3, 4 or 5)
O = Absent

5mm 7mm 9mm

CARDIOVASCULAR

7 Heart Tones
N = S₁ & S₂
S₃ = S₃
S₄ = S₄
M = Murmur
R = Rub
D = Distant
8 Jugular Vein
ND = Non-distended
D = Distended
UTA = Unable to Assess
9 Bruit
C = Carotid R/L
F = Femoral R/L
A = Abdominal
N = None
UTA = Unable to Assess
10 IABP
11 Time/Points
1 = Mild Bleeding
2 = Moderate Bleeding
3 = Large Bleeding
DRESSING
C = Clean/Dry/Intact
S = Saturated with Blood
= Changed
11 Time/Points
1. Aortic Valve Opens
2. Unassisted Systole
3. Aortic Valve Closure
4. Unassisted Aortic End Diastolic Pressure
5. Inflation Point
6. Diastolic Augmentation
7. Assisted Aortic End Diastolic Pressure
8. Assisted Systole
AUGMENTATION
1:1
1:2
1:3
TRIGGER
E = ECG
P = Pressure
BLEEDING
O = No Bleeding/No Further Bleeding

RESPIRATORY ASSESSMENT

12 Respirations
R = Regular
U = Nonlabored
D = Deep
S = Shallow
L = Labored
I = Irregular
K = Kussmaul
RP = Rapid
C = Cheyne Stokes
13 Breath Sounds
C = Clear
FC = Crackles
CC = Coarse Crackles
W = Wheezes
D = Diminished
I = Inspiratory
E = Expiratory
S = Stridor
A = Absent
14 Chest Expansion
E = Equal
U = Unequal
A = Accessory Muscles

15 Oxygen Mode
RA = Room Air
NC = Cannula
N = Nasal ETT
O = Oral ETT
B = Blowby
T = Trach
ATC = Aerosol T.C.
VFM = Vent FM
NRB = Non-Rebreather
AFM = Aerosol FM
BI = BiPap
C = CPAP
SFM = Simple Face Mask
16 Secured
H = Hollister
TT = Trach Tie
T = Tape
W = Wire
S = Suture
17 Cough
S = Strong
W = Weak
P = Productive
D = Dry

19 Amount
L = Large
M = Medium
SM = Small
N = None
20 Conal
TN = Thin
TC = Thick
M = Mucous
F = Frothy
21 CHES
W = Wale
S = Suct
Air Leak

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Pulmonary Care Services PATIENT / VENTILATOR ASSESSMENT FORM											
Date:	07/16/04	Vent Day		Vent #	7	Diagnosis:	Tent 108, Syntex Shock				
Time	0045	010	0430	0512							
Mode	PSV	PSV	PSV								
FI02	10	10	10								
SpO2	100	100	100								
Peak Press	21	21	21								
Mean Press	14	14	14								
Pause Press											
Exp. End Press	15	15	15								
Press. Limit	10	10	10								
Trig. Sens.	10	10	10								
PC ^ PEEP	-	-	-								
PS ^ PEEP	-	-	-								
CMV Freq	16	16	16								
SIMV Freq	16	16	16								
Measured Frequency	32	32	32								
Insp. Period	0.8	0.8	0.8								
I:E Ratio	1:1	1:1	1:1								
Auto Peep	2	2	2								
Pause Time %	2	2	2								
Insp. Flow	5	5	5								
Rise Time %	5	5	5								
Set Vt	550	550	550								
Insp. Vt	550	550	550								
Exp. Vt	600	600	600								
Exp. Min Vent.	600	600	600								
Lower MV	418	418	418								
Upper MV	418	418	418								
Temp	36.2	36.2	36.2								
RH	44%	44%	44%								
NO PPM	-	-	-								
Tank pres	-	-	-								
RT INITIAL											
STUDENT											

Arterial Blood Gas Results						Pulmonary Mechanics			
Time	0036	0520				Time		Time	
pH	7.35	7.19				Vt		a/A	
PCO2	30	49				NIP		P/F	
PO2	179	57				VC		f / Vt (pre)	
HCO3	16	18.3				Cdyn		f / Vt (post)	
Met Hbg		1.1				Cst		O2 Index	
Ht	100	100							

Airway Management Log						Therapist Signature	
ETT Size =	7.0	mm	Retaped	cm	Tape	Holister	Neobar
Secured	17	cm	Trachea	Yes	No	Cuff pressure=	cmH2O
Repositioned	R	C	L	Size =			

30001068644

7083200



ROBERTSON, RICKY

08/21/1966 CF
STAT LABEL

E

07/16/04 00.30

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PATIENT / VENTILATOR / ASSESSMENT FORM

The University of Texas Medical Branch Hospitals
 Department of Pulmonary Care Services
 Galveston, Texas

Medical Record Pilot Form 5851-Rev 5/00

Original - Medical Record

10-71

Ventilation / Oxygen / Therapy Orders & Documentation												
<i>Alarms functional</i>												
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
0040	Nacl	Color	Amount	Consistency	Effort	Before	After	10	Ver		Before	After
	5-10	brn	Sm	Thick	0	124	128					
Comments:										RUL		
<i>(+) ETCOL</i>										RML		
										RLL		
										LUL		
Therapist's Sig. <i>[Signature]</i>										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
0130	Nacl	Color	Amount	Consistency	Effort	Before	After				Before	After
						121						
Comments:										RUL		
<i>ambubag mask @ Bedside</i>										RML		
										RLL		
										LUL		
Therapist's Sig. <i>[Signature]</i>										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After				Before	After
Comments:										RUL		
										RML		
										RLL		
										LUL		
Therapist's Sig.										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After				Before	After
Comments:										RUL		
										RML		
										RLL		
										LUL		
Therapist's Sig.										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After				Before	After
Comments:										RUL		
										RML		
										RLL		
										LUL		
Therapist's Sig.										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After				Before	After
Comments:										RUL		
										RML		
										RLL		
										LUL		
Therapist's Sig.										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After				Before	After
Comments:										RUL		
										RML		
										RLL		
										LUL		
Therapist's Sig.										LLL		

Pulmonary Care Services PATIENT / VENTILATOR ASSESSMENT FORM														
Date:	7/16/04			Vent Day:	2			Vent #:	7			Diagnosis:	Septic Shock	
Time	0725	0810	0920	1010	1100	1245								
FIO2	60	65	60	60	60	60								
SpO2	95	95	95	95	95	95								
Pause Press.	0	0	0	0	0	0								
Exp. End Press.	0	0	0	0	0	0								
PC ^ PEEP	0	0	0	0	0	0								
PS ^ PEEP	0	0	0	0	0	0								
CMV Pres.	10	10	10	10	10	10								
CMV Freq.	40	39		41	25									
Auto Peep	0	0	0	0	0	0								
Pause Time %	0	0	0	0	0	0								
Set Vt	500	673		455	604									
Insp. Vt	500	673		455	604									
Exp. Vt	500	673		455	604									
Lower MV	4	4		4	10									
Upper MV	25	30		30	30									
NO PPM														
Tank pres														
PT INITIAL														
STUDENT														
PPE (PEEP) = 5, FIO2 = 65, RR = 16, VT = 500														
Arterial Blood Gas Results						Pulmonary Mechanics								
Time	0925						Time							
pH	7.28						Vt							
PCO2	32						NIP							
PO2	71						VC							
HCO3	14						Cdyn							
Met Hbg %	16						Cst							
ETCO2 P2m	60													
Airway Management Log						Therapist Signature								
ETT Size =	7.0	mm	Retaped		cm	Tape	Holister	Neobar						
Secured	Left	cm	Trached	Yes	No	Cuff pressure =		cmH2O						
Repositioned	R	L	Size =											

IF PATIENT ID CARD OR LABEL IS UNAVAILABLE, WRITE DATE, PT NAME AND UH# IN SPACE BELOW

001172218
 00833200 CMS 08-21-55
 ROBERTSON, RICKY
 30001068644 MPU
 I

PATIENT/VENTILATOR/ASSESSMENT FORM

Medical Record Form 5651-Rev. 2/04

The University of Texas Medical Branch Hospitals
 Galveston, Texas

Original-Medical Record

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Ventilation / Oxygen / Therapy Orders & Documentation												
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After			Before	After	
0725	100cc	Yellow	Med	Thin	None	125	124	100	vent	RUL	CR	CL
Comments: Low age and suction X3 @ 100%										RML		
F.O2.										RLL		
Therapist's Sig. HW gumpen CRT										LUL		
										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After			Before	After	
1243	5cc	White	Small	Thin	None	108	116	100	vent	RUL	CR	CL
Comments: Low age and suction X3 @ 100%										RML		
F.O2.										RLL		
Therapist's Sig. HW gumpen CRT										LUL		
										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After			Before	After	
										RUL		
Comments:										RML		
										RLL		
										LUL		
Therapist's Sig.										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After			Before	After	
										RUL		
Comments:										RML		
										RLL		
										LUL		
Therapist's Sig.										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After			Before	After	
										RUL		
Comments:										RML		
										RLL		
										LUL		
Therapist's Sig.										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After			Before	After	
										RUL		
Comments:										RML		
										RLL		
										LUL		
Therapist's Sig.										LLL		
Time	Sputum				Cough	Pulse		FI02	O2 LPM	Auscultation		
	Nacl	Color	Amount	Consistency	Effort	Before	After			Before	After	
										RUL		
Comments:										RML		
										RLL		
										LUL		
Therapist's Sig.										LLL		

10.74

Pulmonary Care Services Patient Assessment Day Shift

Neck vein	Chest	Equal	Capillary Refill				Peripheral Edema		Input	Output
Distended	Paradoxical	Barrel	RU	<sec	LU	<sec	Yes	No	cc	cc
N	Incision	Pigeon	RL	<sec	LL	<sec			Clear	Cloudy
Skin Tone	Labs		Na 135-145		Bun 8-25		Other Data			
Warm	WBC 5-10		K+ 3.5-5.0		Creat. 0.5-1.5		Cuff Flow Ins	Yes	No	
Dry	Hgb 12-18		Cl 95-105		Gluc 10-110		Cuff Flow Exp	Yes	No	
Cold	HCT36-45		C02		AG					
Clammy	PLT 150-350		N 13-22 P 20-28 A 23-31							
Sputum Culture					CXR					
Last Medical History:										
P: Patient is intubated.					A: Respiratory failure					
P: PPRVC, FiO2 = 65%, RR = 16					P: Continued Vent support					
PEEP = +5, VT = 500					Suction for Airway Clearance					
					Wean as tolerated					

Pulmonary Care Services Patient Assessment Night Shift

Neck vein	Chest	Equal	Capillary Refill				Peripheral Edema		Input	Output
Distended	Paradoxical	Barrel	RU	<sec	LU	<sec	Yes	No	cc	cc
Y N	Incision	Pigeon	RL	<sec	LL	<sec			Clear	Cloudy
Skin Tone	Labs		Na 135-145		Bun 8-25		Other Data			
Warm	WBC 5-10		K+ 3.5-5.0		Creat. 0.5-1.5		Cuff Flow Ins	Yes	No	
Dry	Hgb 12-18		Cl 95-105		Gluc 10-110		Cuff Flow Exp	Yes	No	
Cold	HCT36-45		C02		AG					
Clammy	PLT 150-350		N 13-22 P 20-28 A 23-31							
Sputum Culture					CXR					
Last Medical History:										
					A:					
					P:					

1075

01/14/2005 10:02

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ARCHIVES

PAGE 02

EMR Chart Printer - Patient: ROBERTSON, RICKY L #:1172218 DOB: 08/21/1966

Page 1 of 3

CORRECTIONAL MANAGED CARE
INFORMATION SERVICES

User: Shantel Humphrey -- Back To Patient Search

Selected Printing Choices For

ROBERTSON, RICKY L #: 1172218 DOB: 08/21/1966

Display Chart: Date Range: 07/16/2004 - 07/16/04

Patient Labs - 124 Records Found

Foreign Analyte Desc.	Results	Result Units	Severity	Lab Date	Amended	Discarded
	SEE CHART	0		07/16/2004		
	SEE CHART	0		07/17/2004		
CKMB ISO INDEX	0.8	%		07/16/2004		
MAGNESIUM SERUM	1.7	MG/DL		07/16/2004		
PHOSPHORUS SERUM	1.4	MG/DL	L	07/16/2004		
ANION GAP, BLOOD	8			07/16/2004		
CO2 TOTAL	19	MMOL/L	L	07/16/2004		
CHLORIDE SERUM	112	MMOL/L	H	07/16/2004		
POTASSIUM SERUM	4.1	MMOL/L		07/16/2004		
GLUCOSE	129	MG/DL	H	07/16/2004		
BLOOD UREA NITROGEN	26	MG/DL	H	07/16/2004		
SODIUM SERUM	137	MMOL/L		07/16/2004		
CREATININE SERUM	1.89	MG/DL	H	07/16/2004		
CALCIUM, SERUM	7.5	MG/DL	L	07/16/2004		
BUN/CREATININE RATIO	13.8			07/16/2004		
ACUTE CARE O2 SAT VENOUS	48.8	%	L	07/16/2004		
AC O2 CONTENT VENOUS	11.2	%		07/16/2004		
ACUTE CARE METHEMO VENOUS	0.9	%		07/16/2004		
ACUTE CARE CARBOXYHEMO VENOUS	0.2	%		07/16/2004		
ACUTE CARE TOT VENOUS HEMOGLOB	16.4	G/DL		07/16/2004		
ACUTE CARE BICARBONATE VENOUS	17	MEQ/L	H	07/16/2004		
ACUTE CARE PO2 VENOUS	39	MM/HG		07/16/2004		
ACUTE CARE PCO2, VENOUS	48	MM/HG		07/16/2004		
ACUTE CARE PH BLOOD VENOUS	7.20		H	07/16/2004		
ACUTE CARE OXYGEN CONTENT	20.7	%		07/16/2004		
ACUTE CARE METHEMOGLOBIN	1.2	%		07/16/2004		
ACUTE CARE CARBOXYHEMOGLOBIN	0.1	%		07/16/2004		
ACUTE CARE OXYGEN SATURATION	91.7	%	L	07/16/2004		
ACUTE CARE TOTAL HEMOGLOBIN	16.1	G/DL		07/16/2004		
ACUTE CARE BICARBONATE	13	MEQ/L	H	07/16/2004		
ACUTE CARE PO2 ARTERIAL	86	MM/HG		07/16/2004		
ACUTE CARE PCO2, ARTERIAL	32	MM/HG	L	07/16/2004		
ACUTE CARE PH BLOOD ARTERIAL	7.25		L	07/16/2004		
TOTAL CELLS COUNTED-MANUAL DIF	100			07/16/2004		
NUCLEATED RBCs	2		H	07/16/2004		
MYELOCYTE	1	%	H	07/16/2004		
METAMYELOCYTE	1	%		07/16/2004		
POLYCHROMASIA	2+			07/16/2004		
LYMPHOCYTES	5	%	L	07/16/2004		

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PAGE 03

EMR Chart Printer - Patient: ROBERTSON, RICKY L #:1172218 DOB: 08/21/1966

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SEGMENTED NEUTROPHILS	74	%		07/16/2004		
BANDS	19	%	H	07/16/2004		
TROPONIN I	16.01	ng/mL	H	07/16/2004		
CK-MB	83.7	ng/mL	H	07/16/2004		
CREATINE KINASE	7748	U/L	R	07/16/2004		
ACUTE CARE BICARBONATE	14	MEQ/L	H	07/16/2004		
ACUTE CARE PO2 ARTERIAL	71	MM/HG	L	07/16/2004		
ACUTE CARE PCO2, ARTERIAL	32	MM/HG	L	07/16/2004		
ACUTE CARE PH BLOOD ARTERIAL	7.28		L	07/16/2004		
LACTIC ACID PLASMA	5.2	MMOL/L	H	07/16/2004		
FDP TYPE	PLASMA			07/16/2004		
MDA D-DIMER	> 4.0			07/16/2004		
FIBRIN DEGRADATION PRODUCTS	>20	UG/ML	~	07/16/2004		
NITRITE URINE	NEGATIVE			07/16/2004		
RED BLOOD CELLS URINE	21	/HPF	H	07/16/2004		
WHITE BLOOD CELLS URINE	0	/HPF		07/16/2004		
LEUKOCYTE ESTERASE URINE	NEGATIVE			07/16/2004		
UROBILINOGEN URINE	1 mg/dL			07/16/2004		
BLOOD URINE	250uL		~	07/16/2004		
BILIRUBIN URINE	NEGATIVE			07/16/2004		
KETONES URINE	NEGATIVE			07/16/2004		
GLUCOSE QUALITATIVE U	NEGATIVE			07/16/2004		
PROTEIN URINE, URINALYSIS	100mg/dL		~	07/16/2004		
PH URINE	8.0			07/16/2004		
SPECIFIC GRAVITY URINE	1.010			07/16/2004		
APPEARANCE	Clear			07/16/2004		
COLOR	Amber		~	07/16/2004		
BACTERIA	FEW		~	07/16/2004		
APTT-PATIENT	102	SEC	H	07/16/2004		
PROTIME PATIENT	28.7	SEC	H	07/16/2004		
PT INTERNAT'L NORMALIZED RATIO	2.7			07/16/2004		
APTT MEAN NORMAL	28	SEC		07/16/2004		
FIBRINOGEN	82	MG/DL	H	07/16/2004		
MEAN PLATELET VOLUME	12.3	FL	H	07/16/2004		
RED CELL DISTRIBUTION WIDTH	12.8	%		07/16/2004		
MEAN CORP HGB CONCENTRATION	35.4	%		07/16/2004		
MEAN CORPUSCULAR HGB	30.1	PG		07/16/2004		
MEAN CORPUSCULAR VOLUME	85.1	FL		07/16/2004		
HEMOGLOBIN	13.1	G/DL	L	07/16/2004		
RED BLOOD CELL COUNT	4.35	/CMM		07/16/2004		
WHITE BLOOD CELL COUNT	20.5	/CMM	H	07/16/2004		
HEMATOCRIT	37.0	%		07/16/2004		
PLATELET COUNT	83	/CMM	R	07/16/2004		
PH SERUM	SEE CHART	0		07/16/2004		
IONIZED CALCIUM	7.22		L	07/16/2004		
IONIZED CALCIUM	4.66	MG/DL		07/16/2004		
ACUTE CARE IONIZED CALCIUM	4.70	MG/DL		07/16/2004		
ACUTE CARE OXYGEN CONTENT	16.9	%		07/16/2004		
ACUTE CARE METHEMOGLOBIN	1.1	%		07/16/2004		
ACUTE CARE CARBOXYHEMOGLOBIN	0.2	%		07/16/2004		
ACUTE CARE OXYGEN SATURATION	81.2	%	L	07/16/2004		
ACUTE CARE TOTAL HEMOGLOBIN	14.8	G/DL		07/16/2004		
ACUTE CARE GLUCOSE	88	MG%		07/16/2004		

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EMR Chart Printer - Patient: ROBERTSON, RICKY L #:1172218 DOB: 08/21/1966

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ACUTE CARE SODIUM	141	MEQ/L		07/16/2004		
ACUTE CARE POTASSIUM	3.2	MEQ/L	L	07/16/2004		
ACUTE CARE BICARBONATE	18	MEQ/L	H	07/16/2004		
ACUTE CARE PO2 ARTERIAL	57	MM/HG	L	07/16/2004		
ACUTE CARE PCO2, ARTERIAL	49	MM/HG	H	07/16/2004		
ACUTE CARE PH BLOOD ARTERIAL	7.18		H	07/16/2004		
	SEE CHART	0		07/16/2004		
AMPHETAMINES	SEE CHART	0		07/16/2004		
IMMATURE GRANS FOR AUTODIFF	OBSERVED		~	07/16/2004		
BASOPHILS ABSOLUTE	0.0	/CMM		07/16/2004		
BASOPHIL PERCENT	0.2	%		07/16/2004		
EOSINOPHILS ABSOLUTE	0.1	/CMM		07/16/2004		
EOSINOPHIL PERCENT	0.6	%		07/16/2004		
MONOCYTE ABSOLUTE	1.1	/CMM	H	07/16/2004		
MONOCYTE PERCENT	6.6	%		07/16/2004		
LYMPHOCYTE ABSOLUTE	0.9	/CMM	L	07/16/2004		
LYMPH PERCENT	5.4	%	L	07/16/2004		
GRANULOCYTE PERCENT	87.3	%	H	07/16/2004		
POLYCHROMASIA	2+			07/16/2004		
GRANULOCYTES ABSOLUTE	15.0	/CMM	H	07/16/2004		
MEAN PLATELET VOLUME	10.8	FL		07/16/2004		
RED CELL DISTRIBUTION WIDTH	13.4	%		07/16/2004		
MEAN CORP HGB CONCENTRATION	34.8	%		07/16/2004		
MEAN CORPUSCULAR HGB	29.6	PG		07/16/2004		
MEAN CORPUSCULAR VOLUME	85.0	FL		07/16/2004		
HEMOGLOBIN	12.8	G/DL	L	07/16/2004		
RED BLOOD CELL COUNT	4.33	/CMM		07/16/2004		
WHITE BLOOD CELL COUNT	17.2	/CMM	H	07/16/2004		
HEMATOCRIT	36.8	%	L	07/16/2004		
PLATELET COUNT	78	/CMM	R	07/16/2004		
	SEE CHART	0		07/16/2004		
PPD	0 MM	mm		06/23/2004		

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1/14/2005

11.2

McGill/MSRobertson 4246

 *** REQUESTOR: DAWAR01 - DARRINGTON_UNIT_INMAT DARRINGTON UNIT ***

 *** SYM IN BASKET PRINT ***

MESSAGE ID: 092907 DATE: 07/15/04 TIME: 11:29pm PRIORITY: 000

TO: DAWAR01 - DARRINGTON_UNIT_INMATE_RECORD
 INMATE RECORDS STAFF
 DARRINGTON UNIT
 59 DARRINGTON ROAD
 ROSHARON, TEXAS 77553

FROM: DAMEIM1 - DARRINGTON-MEDICAL-RECORDS
 NURSING
 DARRINGTON UNIT
 ROSHARON

SUBJECT: MEDICAL TRANSFER

MEDICAL TRANSFER

R EMERGENCY

O ROUTINE

NAME OF INMATE: ROBERTSON INMATE NUMBER: RICKY
 DIAGNOSIS: HEAT STROKE
 NATURE OF TRANSFER: SCHEDULED APPOINTMENT
 X EVALUATION
 SENDING PHYSICIAN: ABRAHAM
 ACCEPTING PHYSICIAN:
 TRANSPORT TO: LIFE FLIGHT
 TRANSPORTATION MODE ORDERED: CHAIN BUS UNIT VAN
 WHEELCHAIR VAN AMBULANCE
 X OTHER LIFE FLIGHT
 TRANSPORTATION MODE USED: CHAIN BUS UNIT VAN
 WHEELCHAIR VAN AMBULANCE
 X OTHER LIFE FLIGHT

HOUSING:
 ACT OF VIOLENCE: N
 UTMB/TDCJ MANAGED CARE AUTHORIZATION (Y OR N):
 UNIT CONTACT NAME: PRATER
 JOB TITLE: LVN
 TIME DEPARTED UNIT: : DATE DEPARTED UNIT: / /
 TIME RETURNED: : DATE RETURNED: / /

AT TO:

CSIUCR15/CSUC15 TDC UNIT CLASSIFICATION REVIEW CURRENT DATE: 01/13/05
 INMTCICS/CSC4350 HOUSING/JOB ASSIGNMENT HISTORY AND TIME: 5:11:03
 59/UC15 INMATE NAME: ROBERTSON, RICKY L TDCNO: 01172218

HOUSING |---HOUSING---| INM/HSG JOB ASGN |-----JOB-----|
 DATE UNIT |---ASGNMNT---| CUST AUTH DATE |-----ASSIGNMENT-----| AUTH
 |-----HOUSING COMMENT-----| |-----JOB COMMENT-----|

07/15/04	DA	H-2	06	B	MH	TR	CCJ	07/15/04	TRANSIENT ENROUTE	CCJ
06/30/04	J4	B2B	003		MH	MH	KR	06/27/04	UNASGN MENTAL HEALTH	CS
06/29/04	J4	B2A	18		MH	MH	RC	05/13/04	JANITOR J2 DORM 1ST	UCC
06/28/04	J4	B1	46		MH	MH	KR	04/16/04	UTILITY WORK SQUAD 03	PLC
06/27/04	J4	B1A	51		MH	MH	CS		HSM-18	
06/09/04	RL	J2	009		G2	G2	PC	01/20/04	KITCHEN HELPER 3RD	
05/13/04	RL	J2	010		G2	G2	UCC	01/13/04	KITCHEN (TEMP) 72 HR	
02/07/04	RL	H6	017		G2	G2	JG	11/05/03	FULL TIME STUDENT	
08/26/03	RL	J6	040		G2	G2		10/09/03	KITCHEN HELPER 1ST	
08/20/03	RL	K11	002		G2	G2		10/07/03	KITCHEN HELPER 2ND	
08/15/03	NH	B2	029		G2	G2		10/07/03	KITCHEN HELPER 2ND	

MORE HOUSING/JOBS AVAILABLE

ENTER THE NEXT TRANS CODE 02 AND/OR TDCNO _____
 PF1-HELP PF3-PREV PF4-CURR AND/OR SIDNO _____

CSIMS010 TEXAS DEPARTMENT OF CRIMINAL JUSTICE DATE 01/13/05
 MEDICAL PROFILE INQUIRY TIME 15:12:20

NAME	ROBERTSON, RICKY L	RACE/SEX	W / M
TDCJ NUMBER	01172218	DATE OF BIRTH	08/21/1966 AGE 038
UNIT ASSIGNED		HEIGHT	6 FT. 05 IN.
DATE ASSIGNED	07/16/04	WEIGHT	215 LBS. DATE 06/30/03
RSN ASSIGNED	ASSIGNMENT	BLOOD PRESSURE	127 / 073 DATE 06/30/03
REC/DEP CODE	DX	MEDICAL CLASSIFICATION	DATE 07/09/04

ALERT CODES 1112 2965

*** *** *** *** *** ***	UTMB NUMBER
P U L H E S	HEARING PROBLEMS N
--- --- --- --- --- ---	DENTURES N
1 1 1 1 1 4	PROSTHESIS N
--- --- --- --- --- ---	HISTORY OF TUBERCULOSIS N
A A A A A P	HISTORY OF HEPATITIS N
--- --- --- --- --- ---	DNA TEST
T	DNA AGENCY
*** *** *** *** *** ***	JOB ASSIGNMENT IN TDCJ NOT SET UP ON JOB FILE

ENTER 'P' TO PRINT, OR NEXT TDCJ NUMBER _____ OR NEXT SID _____
 PF2 DISPLAY ALERTS CODES PF3 DISPLAY HISTORY PF11 RETURN TO MENU PF12 EXIT
 CSIMS012 T.D.C.J. - INSTITUTIONAL DIVISION DATE 01/13/05
 MEDICAL ALERT CODE INQUIRY TIME 15:12:37

NAME	ROBERTSON, RICKY L	TDCJ NUMBER	01172218	UTMB NUMBER
ALERT CODE	ALERT DESCRIPTION			
1112	HIGH RISK HIV SCREENING - COMPLETED			
2965	BIPOLAR I DISORDER, MOST RECENT EPISODE DEPRESSED			

PRESS ENTER TO RETURN TO THE PROFILE OR ENTER 'P' TO PRINT THIS DISPLAY

CSIMS014 TEXAS DEPARTMENT OF CORRECTIONS
 MEDICAL INFORMATION DATE 01/13/05
 HISTORY INQUIRY TIME 15:12:48

NAME ROBERTSON, RICKY L TDC NUMBER 01172218 UTMB NUMBER
 BLOOD P U L H E S
 DATE WEIGHT DATE PRESSURE DATE DCM DCM DCM DCM DCM DCM
 063003 215 063003 127/073 070904 1A 1A 1A 1A 1A 4PT
 041904 1A 1A 1A 1A 1A 3NT
 041604 1A 1A 1A 1A 1A 3NT
 063003 1A 1A 1A 1A 1A 1A
 063003 1A 1A 1A 1A 1A 1A

PRESS ENTER TO RETURN THE PROFILE OR ENTER 'P' TO PRINT THIS DISPLAY

CSHS1802 T.D.C.J. - INSTITUTIONAL DIVISION DATE: 01/13/05
 HEALTH SUMMARY FOR CLASSIFICATION SYSTEM TIME: 15:15:41
 INQUIRY

TDCJ-ID #: 01172213 SID #: 06651475 P U L H E S
 NAME: ROBERTSON, RICKY L
 HT 6'05" WT 215
 DOB: 08 21 1966
 UNIT: HOUSING:
 JOB:

1	1	1	1	1	4
A	A	A	A	A	P

RESTRICTIONS
 UNIT: NO RESTRICTION TRUSTY CAMP SUITABLE: Y
 HOUSING: NO RESTRICTION
 BUNK: LOWER ONLY ROW: NO RESTRICTIONS
 WORK: W19 W20 W21 W23 W25 W26 W27
 DISCIPLINARY PROCESS: CONSULT REPRESENTATIVE OF MENTAL HEALTH

INDIVIDUALIZED TREATMENT PLAN:

PSYCH REPRESENTATIVE REQUIRED
 TRANSPORTATION RESTRICTIONS: NO RESTRICTION
 REVISED BY: D.KNOX REVISED DATE: 07 09 2004
 PF1 -HELP PF3 -MENU PF4 -ADD COPY OF QIC case to Litigation Support on 09-26-2013 by scm.
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CSHS1808 T.D.C.J. - INSTITUTIONAL DIVISION DATE: 01/13/05
 PAGE NO: 01 HEALTH SUMMARY FOR CLASSIFICATION SYSTEM TIME: 15:16:02
 SUMMARY OF TRANSACTIONS
 INMATE NAME: ROBERTSON, RICKY L TDCJ-ID #: 01172218

DATE	RESTRICTION	AUTHORITY
01-09-2004	LOWER ONLY CONSULT REPRESENTATIVE OF MENTAL HEALTH NO WORK IN DIRECT SUNLIGHT NO TEMPERATURE EXTREMES NO HUMIDITY EXTREMES NO WORK WITH CHEMICALS OR IRRITANTS NO WORK AROUND MACHINES WITH MOVING PARTS NO WORK EXPOSURE TO LOUD NOISES NO WORK REQUIRING COMPLEX INSTRUCTIONS	D.KNOX
06-09-2004	LOWER ONLY NO WORK IN DIRECT SUNLIGHT NO TEMPERATURE EXTREMES NO HUMIDITY EXTREMES	GONZALEZ
04-29-2004	NO WORK IN DIRECT SUNLIGHT	GONZALEZ, M

PF1 -HELP PF3 -RETURN TO INQUIRY PF7 -UP PF8 -DOWN PF10 -PRINT
 ENTER NEXT REQUEST/OR TDCNO _____ OR SIDNO _____

CSHS1808 T.D.C.J. - INSTITUTIONAL DIVISION DATE: 01/13/05
 PAGE NO: 02 HEALTH SUMMARY FOR CLASSIFICATION SYSTEM TIME: 15:16:17
 SUMMARY OF TRANSACTIONS
 INMATE NAME: ROBERTSON, RICKY L TDCJ-ID #: 01172218

DATE	RESTRICTION	AUTHORITY
01-29-2004	NO WORK IN DIRECT SUNLIGHT NO TEMPERATURE EXTREMES NO HUMIDITY EXTREMES	GONZALEZ, M
04-19-2004	NO CLIMBING NO WORK IN DIRECT SUNLIGHT NO TEMPERATURE EXTREMES NO HUMIDITY EXTREMES NO WORK AROUND MACHINES WITH MOVING PARTS	LAPPOINT
04-16-2004	NO CLIMBING NO WORK IN DIRECT SUNLIGHT NO TEMPERATURE EXTREMES NO HUMIDITY EXTREMES NO WORK AROUND MACHINES WITH MOVING PARTS	FAUST
04-05-2004	NO CLIMBING	GONZALEZ

PF1 -HELP PF3 -RETURN TO INQUIRY PF7 -UP PF8 -DOWN PF10 -PRINT
 ENTER NEXT REQUEST/OR TDCNO _____ OR SIDNO _____

CSHS1808 T.D.C.J. - INSTITUTIONAL DIVISION DATE: 01/13/05
 PAGE NO: 03 HEALTH SUMMARY FOR CLASSIFICATION SYSTEM TIME: 15:16:23
 SUMMARY OF TRANSACTIONS
 INMATE NAME: ROBERTSON, RICKY L TDCJ-ID #: 01172218

DATE	RESTRICTION	AUTHORITY
04-05-2004	NO CLIMBING	GONZALEZ
03-0-2003	NO WORK AROUND MACHINES WITH MOVING PARTS NO RESTRICTIONS	HERRERA



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History for Houston Intercontinent on Thursday, July 15, 2004

Jump to data by:

Date:

Airport C

Latest visited Airport Codes: [KHOU](#) | [KLVJ](#) | [KIAH](#)

[« Previous Day](#) [Daily](#) | [Weekly](#) | [Monthly](#) | [Custom](#) | [Trip Planner](#)

Daily Summary

	Actual	Average (KHOU)
Temperature		
Mean Temperature	88 °F / 31 °C	84 °F / 28 °C
Max Temperature	99 °F / 37 °C	94 °F / 34 °C
Min Temperature	78 °F / 25 °C	73 °F / 22 °C
Cooling Degree Days	24	18
Month to date cooling degree days		270
Year to date cooling degree days		1329
Growing Degree Days	38 (Base 50)	
Moisture		
Dew Point	74 °F / 23 °C	
Average Humidity	60	
Maximum Humidity	79	
Minimum Humidity	38	
Precipitation		
Precipitation	0.00 in / 0.00 cm	0.10 in / 0.25 cm
Month to date precipitation		1.71
Year to date precipitation		25.83
Pressure		
Sea Level Pressure	29.94 in / 1014 hPa	
Wind		
Wind Speed	6 mph / 10 km/h (SSW)	
Max Wind Speed	8 mph / 13 km/h	
Max Gust Speed	-	
Visibility	10 miles / 16 kilometers	

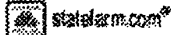
<http://www.wunderground.com/history/airport/KIAH/2004/7/15/DailyHistory.html>

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- KIAH DSL

- Broadband

Service Providers

- Leather Jackets

- Satellite - GSM

Phones

- Bariatric

Surgery

- ERP Software

- Magnets

- Inventory

Control**Internet Shopping**

- Mortgage

- Refinancing

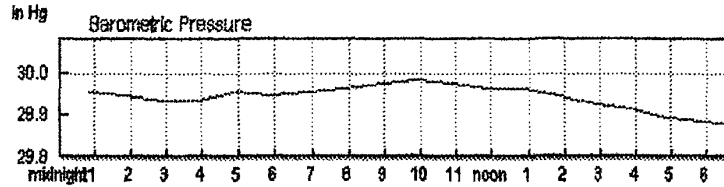
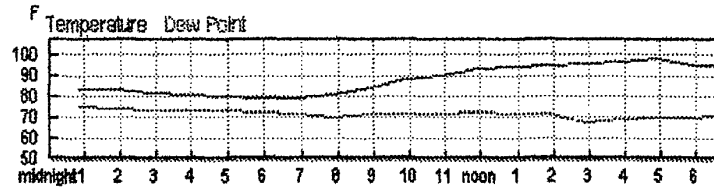
- Florist and

Flowers

Click here for data from the nearest station with official NWS data (KHOU).

Key: T is trace of precipitation, MM is missing value

Source: NWS Daily Summary



Show full METARS (help) - Comma Delimited

	Time (CDT)	Temperature	Dew Point	Humidity	Pressure	Visibility	Wind Direction	Wind Speed
• Weight Loss	12:53 AM	82.9 °F / 28.3 °C	75.0 °F / 23.9 °C	77%	29.95 in / 1014.0 hPa	10.0 miles / 16.1 kilometers	South	5.8 mph / 9.3 km/h
• Vitamins	1:53 AM	82.9 °F / 28.3 °C	73.9 °F / 23.3 °C	74%	29.94 in / 1013.6 hPa	10.0 miles / 16.1 kilometers	SW	8.1 mph / 13.0 km/h
• Home Loans	2:53 AM	82.0 °F / 27.8 °C	73.0 °F / 22.8 °C	74%	29.93 in / 1013.3 hPa	10.0 miles / 16.1 kilometers	SW	8.1 mph / 13.0 km/h
• Mortgage	3:53 AM	81.0 °F / 27.2 °C	73.0 °F / 22.8 °C	77%	29.93 in / 1013.4 hPa	10.0 miles / 16.1 kilometers	WSW	8.1 mph / 13.0 km/h
• Personal Loans	4:53 AM	80.1 °F / 26.7 °C	73.0 °F / 22.8 °C	79%	29.95 in / 1014.0 hPa	10.0 miles / 16.1 kilometers	WSW	4.6 mph / 7.4 km/h
• Internet Mail	5:53 AM	79.0 °F / 26.1 °C	72.0 °F / 22.2 °C	79%	29.94 in / 1013.8 hPa	10.0 miles / 16.1 kilometers	WSW	4.6 mph / 7.4 km/h
• Caribbean Vacation	6:53 AM	79.0 °F / 26.1 °C	71.1 °F / 21.7 °C	77%	29.95 in / 1014.2 hPa	10.0 miles / 16.1 kilometers	West	4.6 mph / 7.4 km/h
• KIAH DSL	7:53 AM	81.0 °F / 27.2 °C	70.0 °F / 21.1 °C	69%	29.96 in / 1014.5 hPa	10.0 miles / 16.1 kilometers	West	8.1 mph / 13.0 km/h
• Broadband								
• Service Providers								
• Leather Jackets								
• Satellite - GSM								
• Phones								
• Bariatric								
• Surgery								
• ERP Software								
• Magnets								
• Inventory								
• Control								
• Internet Shopping								
• Mortgage Refinancing								
• Florist and Flowers								

<http://www.wunderground.com/history/airport/KIAH/2004/7/15/DailyHistory.html>

1/14/2005

Weather Underground: History

Page 3 of 4

• KIAH Medical Malpractice Attorney	8:53 AM	84.0 °F / 28.9 °C	71.1 °F / 21.7 °C	65%	29.97 in / 1014.8 hPa	10.0 miles / 16.1 kilometers	West	6.9 mph / 11.1 km/h	-
• Dial Up Internet Access	9:53 AM	88.0 °F / 31.1 °C	71.1 °F / 21.7 °C	57%	29.98 in / 1015.1 hPa	10.0 miles / 16.1 kilometers	NNW	5.8 mph / 9.3 km/h	-
• Wheelchair Lift									
• Mobility Aids									
• Cosmetic Surgery	10:53 AM	90.0 °F / 32.2 °C	71.1 °F / 21.7 °C	54%	29.97 in / 1014.7 hPa	10.0 miles / 16.1 kilometers	Calm	Calm	-
• Lift Chairs									
• Stair Lifts									
Maui Vacation	11:53 AM	93.0 °F / 33.9 °C	72.0 °F / 22.2 °C	50%	29.96 in / 1014.5 hPa	10.0 miles / 16.1 kilometers	ENE	4.6 mph / 7.4 km/h	-
• Maui Weddings									
• Maui Vacation Travel	12:53 PM	93.9 °F / 34.4 °C	71.1 °F / 21.7 °C	47%	29.98 in / 1014.4 hPa	10.0 miles / 16.1 kilometers	Variable	4.6 mph / 7.4 km/h	-
Reserve Hotels at Discount Rates									
• United States Hotels	1:53 PM	95.0 °F / 35.0 °C	71.1 °F / 21.7 °C	46%	29.94 in / 1013.7 hPa	10.0 miles / 16.1 kilometers	Variable	3.5 mph / 5.6 km/h	-
• International Hotels									
• Cheap Hotel Reservations	2:53 PM	96.1 °F / 35.6 °C	66.9 °F / 19.4 °C	38%	29.92 in / 1013.2 hPa	10.0 miles / 16.1 kilometers	ESE	8.1 mph / 13.0 km/h	-
Canada Pharmacy	3:53 PM	97.0 °F / 36.1 °C	69.1 °F / 20.6 °C	40%	29.91 in / 1012.7 hPa	10.0 miles / 16.1 kilometers	ESE	5.8 mph / 9.3 km/h	-
• Canada Pharmacy									
• Canada Drugs	4:53 PM	98.1 °F / 36.7 °C	70.0 °F / 21.1 °C	40%	29.89 in / 1012.2 hPa	10.0 miles / 16.1 kilometers	ESE	6.9 mph / 11.1 km/h	-
Web Hosting									
• Host Department	5:53 PM	95.0 °F / 35.0 °C	70.0 °F / 21.1 °C	44%	29.88 in / 1011.8 hPa	10.0 miles / 16.1 kilometers	ESE	6.9 mph / 11.1 km/h	-
• Bannerless									
Free Web Hosting	6:53 PM	95.0 °F / 35.0 °C	71.1 °F / 21.7 °C	46%	29.87 in / 1011.3 hPa	10.0 miles / 16.1 kilometers	ESE	6.9 mph / 11.1 km/h	-
Real Estate Tracker									
• Real Estate Trackers	7:53 PM	90.0 °F / 32.2 °C	73.9 °F / 23.3 °C	59%	29.88 in / 1011.7 hPa	10.0 miles / 16.1 kilometers	SSW	3.5 mph / 5.6 km/h	-
• Board123.com									
Internet Directory									
Dating Services	8:53 PM	88.0 °F / 31.1 °C	73.9 °F / 23.3 °C	63%	29.88 in / 1011.9 hPa	10.0 miles / 16.1 kilometers	SSW	4.6 mph / 7.4 km/h	-
• Dating									
College Students	9:53 PM	86.0 °F / 30.0 °C	75.0 °F / 23.9 °C	70%	29.90 in / 1012.3 hPa	10.0 miles / 16.1 kilometers	SSW	4.6 mph / 7.4 km/h	-
• Greek Fraternity Sorority									
• Custom T-shirts	10:53 PM	84.9 °F / 29.4 °C	73.9 °F / 23.3 °C	69%	29.91 in / 1012.7 hPa	10.0 miles / 16.1 kilometers	SW	4.6 mph / 7.4 km/h	-
Search Engine Optimization									
• Seo Company	11:53 PM	84.0 °F / 28.9 °C	73.9 °F / 23.3 °C	72%	29.91 in / 1012.7 hPa	10.0 miles / 16.1 kilometers	SW	4.6 mph / 7.4 km/h	-
• Search Engine Placement									

Google Search

Search the Net!

Astronomy

[Extended View] [Normal View] [Help Me!]

July 15, 2004

Sun Rise

Sun Set

Actual Time

6:30 AM CDT

8:23 F

<http://www.wunderground.com/history/airport/KIAH/2004/7/15/DailyHistory.html>

1/14/2005

Weather Underground: History

Page 4 of 4

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Desktop Gizmo!



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Gizmo to your
Windows Desktop

Jan 13 2005 14:28:53

Civil Twilight	6:03 AM CDT	8:50 F
Nautical Twilight	5:31 AM CDT	9:22 F
Astronomical Twilight	4:57 AM CDT	9:57 F
Moon	(7/15) 4:39 AM CDT	(7/15) 7:28 F

Length of Day: 13h 53m

Length Of Visible Light: 14h 47m

Moon Phase: Waning Crescent, 3% of moon illuminated



7/15

7/17

7/24

7/31

8/7

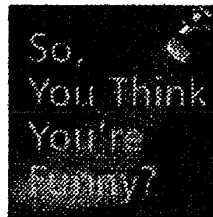
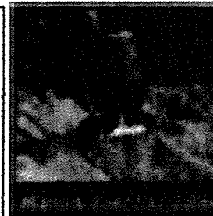
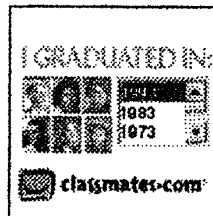
New

First Quarter

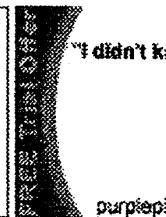
Full

Last Quarter

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<http://www.wunderground.com/history/airport/KIAH/2004/7/15/DailyHistory.html>

1/14/2005

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**ATTACHMENT A
POLICY #A-08.4**

GUIDELINES FOR COMPLETING THE HEALTH SUMMARY FOR CLASSIFICATION FORM

The purpose of the "Health Summary" form is to provide medical and mental health information for each offender to assist the classification committee in making appropriate assignments. Unit housing, work and transportation restrictions must be based upon orders by a physician, mid-level practitioner, dentist, or psychiatrist and are entered into the HSM-18 computer program. Disciplinary, ITP and mental health restrictions may be based upon recommendation of a psychologist, nurse, physician or mid-level practitioner. Reference the HSM-18 users guide for data entry instructions.

The specific information to be placed in each item of the form is described below:

- I. **Facility Assignment** -- The following facility assignments are requested by E-form through the office of the TDCJ Health Services Liaison.
 - A. **No Restrictions** -- In terms of health consideration, the offender can be placed on any facility in the system. (This is the default selection).
 - B. **Regional Medical Facility (RMF)** -- This means that the offender requires secondary (specialty) care, which is not available at all units.
 - C. **Extended Care Facility** -- Designated only by Utilization Review.
 - D. **Mental Health Care Facility** -- For offenders needing acute inpatient psychiatric care, mentally retarded sheltered care, or treatment in the aggressive mentally ill offender program.
 - E. **Barrier-Free Facility** -- This category is intended for wheelchair bound offenders and must be approved by the Clinical Director of PHOP.
 - F. **Single Level Facility** -- This category is for offenders who are physically unable to climb stairs and are therefore unable to access approved programs on a multi-level unit. This category is approved by the Clinical Director of PHOP.
 - G. **Suitable for Trustee Camp Assignment** -- Answer this question based on the offender's ability to live in housing removed from the main facility.
 - H. **Suitable for SAIP facility** -- Offenders must be able to participate in strenuous physical activity and not require chronic medical attention.
- II. **Housing Assignments** - Information to complete these categories should be obtained from the physical exam, doctor's orders, and/or the Individualized Treatment Plan.
 - A. **Basic Housing**
 1. **No restrictions** -- This means that from a health standpoint, the offender can be assigned to any available housing.

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POLICY #A-08.4
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2. **Single Cell Only** -- The following types of offenders must be single celled:
 - a. physically handicapped offenders as recommended by their Individualized Treatment Plan;
 - b. offenders at MROP facilities as recommended by their ITP;
 - c. mental health patients at the recommendation of the treating psychiatrist or psychiatric mid-level practitioner.
3. **Double Cell Only** -- For certain categories of mental health patients, single celling is contraindicated. For example, individuals who are potentially suicidal or who are extremely withdrawn or depressed or those who have a loss of contact with reality should not be isolated in a single cell.
4. **Special Housing** -- (Housing with patient with like medical condition). See Infection Control Manual. This designation must be entered on all patients who meet the criteria contained in the Infection Control Manual. This is not a housing type (cell block vs. dorm) instruction to classification. This notifies unit classification that if for security reasons an offender must be housed on a cell block and he/she meets specific classification guidelines, that a suitable housing partner must be located by communicating with Health Services.
5. **Cell Block Only** -- For offenders who are psychiatrically inappropriate for dormitory housing.

B. Bunk Assignment

1. **No Restrictions** -- This means the offender can be assigned either the upper or lower bunk.
2. **Lower Only** -- This category should be used for anyone whose medical condition makes it difficult to climb into an upper bunk. Examples include small stature, anyone who is feeble or infirm due to age or a condition such as arthritis, amputation, paraplegia, epilepsy, sensory disturbances, obesity, enuresis, significant back pathology (e.g. grade 2 or > spondylolisthesis, symptomatic post surgical pain, etc.), significant CV or Respiratory Disease, etc. (This restriction impacts heavily on facility operations and should be used judiciously).

C. Row Assignments

1. **No Restrictions** -- This means the offender can be placed on any row.
2. **Ground Floor Only** -- This category should be used for individuals whose medical or mental health condition makes it difficult (or contraindicated) for them to climb stairs or live on a higher row. Examples include offenders whose condition requires a wheel chair, walker, or two crutches; bilateral lower extremity prostheses; severe lower extremity instability without prescription brace; severe CHF and/or CAD with moderate to severe angina; and/or severe COPD (requires respiratory therapy consultation).

ATTACHMENT A

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III. Work Assignment/Restrictions

A. These categories are intended to reflect restrictions of six days or longer.

B. Indicate all of the following work restrictions that apply:

1. **Medically Unassigned** -- This means the offender should not be given a regular work assignment due to a medical condition. (Offender may attend school).
2. **Psychiatrically Unassigned** -- This means the offender should not be given a regular work assignment due to mental illness. (Offender may attend school).
3. **Sedentary Work Only** -- Assign to work that is limited to a seating position and that does not require strenuous activity.
4. **Four Hour Work Restriction** -- May be assigned to any job commensurate with HSM-18 work restrictions for four hours only. The offender may be then assigned to sedentary work for the remainder of the shift.
5. **Four Hour Limited Work Restriction** -- May be assigned to any job commensurate with HSM-18 work restrictions for four hours daily only.
6. **Excuse From School** -- May not attend regular schooling due to medical or mental health conditions.
7. **Limited Standing** -- Assign to work where offender may elevate lower extremities for 10 minutes each hour. If stricter limitations are necessary, consider "Sedentary Work Only".
8. **No Walking > ___ yards** -- Indicate general distances (50, 100, 1000, etc.) which an offender should not exceed on the job due to physical limitations. This number should not be less than the distance required to sustain activities of daily living (distance to chow hall, shower, medical department.)
9. **No Lifting > __ lbs.** -- Indicate the number of pounds the offender can safely lift in light of an existing physical impairment.
10. **No Bending at Waist** -- Assign to work not requiring repetitive or frequent bending at waist. This applies to individuals with severe obesity, back problems, vertigo, etc.
11. **No Squatting** -- Assign to work not requiring repetitive or frequent bending of the knees. This applies to individuals with arthritis, internal derangements of the knee, etc.
12. **No Climbing** -- Assign to work not requiring the use of stairs, ladders, step stools, scaffolding, or steep inclines. This applies to individuals with unstable cardiovascular or pulmonary disease, joint problems, seizure disorders, etc.

ATTACHMENT A
POLICY #A-08.4

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13. **Limited Sitting** -- Assign to work where prolonged sitting is not required. This applies to individuals with hemorrhoidal disease, fractured coccyx, etc.
14. **No Reaching Over Shoulders** -- This applies to individuals with upper extremity functional restrictions, dislocations, etc.
15. **No Food Service** -- This applies to individuals with diseases that could be transmitted via food products. Consult the office of Preventive Medicine as needed.
16. **No Repetitive Use of Hands** -- Restrict from work requiring grasping, typing, pulling, etc. This applies to individuals with multiple digit amputations, joint problems, carpal tunnel syndrome, etc.
17. **No Walking on Wet, Uneven Surfaces** -- Restrict from work on slippery, sticky, or uneven surfaces.
18. **Do Not Assign to Medical** -- This applies to individuals who could be compromised by working around medically contaminated matter.
19. **No Work in Direct Sunlight** -- This applies to individuals with vitiligo, photophobia, or who are taking medications that predispose them to sunlight reactions.
20. **No Temperature Extremes** -- This applies to individuals with a history of heat stroke, Renaud's Phenomenon, medication sensitivities, etc.
21. **No Humidity Extremes** -- Restrict from work requiring exposure to very dry or very moist air. This applies to individuals with asthma.
22. **No Exposure to Environmental Pollutants** -- Restrict from work in areas of high concentration of pollen or dust. This applies to individuals with susceptible allergic rhinitis or reactive airway disease. This restriction is to be used based solely on individual symptomatology and is not intended for all asthmatics.
23. **No Work With Chemicals or Irritants** -- Restrict from work exposure to identified irritants such as poison ivy, detergents and irritating fumes, smoke or chemicals. (Water is considered an irritant if prolonged exposure produces extreme skin reaction or disease.)
24. **No Work Requiring Safety Boots.**
25. **No Work Around Machines With Moving Parts** -- This applies to individuals with seizure disorder or any condition (disease or pharmaceutically induced) which could impair alertness.
26. **No Work Exposure to Loud Noises** -- This applies to individuals who require strict hearing conservation measures, individuals with anxiety disorders, etc.
27. **No Work Requiring Complex Instructions** -- This applies to intellectually impaired offenders.

ATTACHMENT A
POLICY #A-084
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IV. Disciplinary Process:

- A. **No restrictions** -- This means that no special consideration needs to be made for health reasons prior to a disciplinary action being taken.
- B. **Consult representative of mental health department before taking disciplinary action** -- This category should be checked for diagnosed psychiatric patients, mentally retarded offenders and for individuals with certain psychological problems such as suicidal offenders at the discretion of the mental health team.
- V. **Individualized Treatment Plan** - This is the classification committee process which identifies areas of treatment, schooling, vocational training and job plan best suited to the individual rehabilitative effort. This treatment plan can be greatly impacted for offenders with significant physical or mental limitations (e.g., mobility, endurance, environmental or cognitive impairments).
 - A. **No Restriction** -- having no medical or mental health conditions requiring planning input.
 - B. **Medical Representative Required** -- due to significant medical restrictions, input is required.
 - C. **Mental Health Representative Required** -- due to significant mental illness, input is required.

VI. Transportation Restrictions

- A. **No Restriction** -- In terms of physical limitations, the offender may be transported routinely.
- B. **EMS Ambulance** -- This applies to offenders with chronic medical/physical conditions that require skilled medical attendants during transport. This does not apply to acute conditions requiring urgent/emergent transportation.
- C. **Wheelchair Van** -- This applies to offenders who are wheelchair confined and can sit up unattended during routine transfers.
- D. **Van (Southern Region Only)** -- This applies to the established van transportation system in the Southern Region for enfeebled offenders in the southern region who by doctor's order require expeditious transfers between the sending facility and Hospital/Galveston for scheduled specialty clinic appointments.

Reviewed 1/99



TEXAS DEPARTMENT
OF
CRIMINAL JUSTICE

NUMBER: AD-10.64 (rev. 4)

DATE: July 11, 2003

PAGE: 1 of 10

SUPERSEDES: AD-10.64 (rev. 3)
August 3, 1999

ADMINISTRATIVE DIRECTIVE

SUBJECT: TEMPERATURE EXTREMES IN THE TDCJ WORK PLACE

AUTHORITY: Section 493.006, Texas Government Code

Reference: American Correctional Association (ACA) Standards: 4-4153
and 4-4337

APPLICABILITY: Texas Department of Criminal Justice (TDCJ or Agency)

POLICY:

The purpose of this policy is to establish TDCJ guidelines to assist the unit/facility administration in adapting offender work assignments to temperatures in the work environment that cannot be controlled by the Agency. Guidelines for outside recreation are found in the *Recreation Manual*.

Every reasonable effort shall be made to prevent extreme temperature-related injuries in the workplace. As the TDCJ continues to expand and locate units/facilities throughout the State of Texas, it is apparent the decision of whether to expose offenders to extreme temperature (cold/heat) must be made by the on-site staff.

TDCJ offenders are, at times, required to work in conditions of extreme cold or extreme heat. Frequently, situations may occur that require the work be done regardless of the temperature or weather conditions. Problems of heat stress are more common than those presented by a very cold environment. Procedures and charts are provided to assist unit/facility officials in determining safe working conditions in both high and low temperature extremes. Offenders must be exposed gradually to extreme heat and cold weather conditions. Individuals should be exposed to no more than three (3) to four (4) hours at a time, until acclimated to existing weather conditions. Work periods may then be extended as the individual's physical adjustment occurs. Appropriate clothing must be worn to protect individuals from extreme hot/cold weather conditions at all times.

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PROCEDURES:

Prior to exposing offenders to extreme temperature conditions (cold/heat), the Warden and involved Department Heads will ensure that appropriate measures are instituted which shall prevent cold/heat injury. The Warden and involved Department Heads are encouraged to consult medical staff to ascertain specific hazards. In all cases of temperature-related incidents or injuries, medical personnel must be notified immediately and upon arrival on the scene, the medical personnel shall take control of the situation. The injured individual should be removed from the existing environment by the most expeditious means available to receive proper medical treatment.

I. Extreme Cold Conditions

A. Determination

1. The Warden shall use the Wind-Chill Index guidelines (Attachment A) and the local news/weather media for determining the safety of cold weather working conditions.
2. Clothing considered appropriate for offenders working in cold weather is thermal underwear, insulated jackets, cotton gloves, insulated hoods, leather gloves, and heavy work shoes and socks. Insulated hoods and leather gloves are generally reserved for offenders assigned to outside work assignments or to non-heated work areas on units/facilities located north of a line formed by Interstate 20 (I-20). Offenders working south of a line formed by I-20, who are required to work outdoors or in non-heated areas during cold conditions, shall also be provided insulated hoods, and leather gloves. The Wind-Chill Index (Attachment A) should be used to determine the need for insulated hoods, and leather gloves south of I-20. Appropriate clothing should be issued even when the index indicates little danger of exposure injury.
3. If guidance is needed, the medical department should be contacted to determine appropriate clothing and footwear to prevent cold injury, prior to exposing offenders to cold conditions.
4. Care should be taken to prevent perspiration which could soak clothing and thus compromise the insulating value of clothing.
5. Layers of clothing should be removed or added according to the effective temperature and the level of physical activity.

B. Symptoms

1. Hypothermia is a condition where the body loses heat faster than it can produce it. With the onset of this condition, blood vessels in the skin constrict (tighten) in an attempt to conserve vital internal body heat, thus affecting the hands and feet first.
2. If one's body continues to lose heat, involuntary shivers begin. This reaction is the body's way to produce more heat and is usually the first real warning sign of hypothermia.
3. Further heat loss produces speech difficulty, forgetfulness, loss of manual dexterity, collapse, and finally death.

C. Emergency Treatment

1. Bring the injured individual out of the cold and remove wet clothing.
2. Wrap the injured individual in warm blankets or clothing.
3. If frostbite exists, gently heat the affected area with warm water or warm towels. Do not rub the affected area, use heating pads, or hot water bottles.
4. The medical staff shall continue the treatment upon arrival at the site or when the patient is delivered to their control.
5. Apply the "ABC" of life support (open Airway, assist Breathing, and restore Circulation), if necessary.
6. If local cold injury is sustained, field personnel should administer the following First Aid procedures immediately.
 - a. Restrict individual from further duties or activities until severity is evaluated.
 - b. Remove all constricting items of clothing and footwear from injured areas.
 - c. Remove wet clothing and insulate individual with dry clothing and blankets, making sure the injured area is covered.
 - d. Do not rupture blisters.
 - e. Encourage consumption of warm, sweetened liquids.

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- f. If a lower extremity is affected, treat as a stretcher patient by slightly elevating the affected lower extremity.
- g. If evacuation from cold requires travel on foot, do not thaw the affected area until the individual reaches medical help.
- h. Transport the individual to definitive medical care as soon as possible.

7. Types of Hypothermia

Hypothermics are divided into the following three (3) categories, depending on the degree of injury.

a. First category

Injured individuals are conscious, but cold, with rectal temperature above 90 degrees Fahrenheit. They should be handled carefully, insulated, and transported to definitive medical care.

b. Second category

Injured individuals are unconscious and with a rectal temperature of 90 degrees Fahrenheit or below. They should be handled carefully and insulated from further heat loss. If available, provide ventilatory assistance with oxygen and administer intravenous fluid. Then, transport to definitive medical care.

c. Third category

Injured individuals are those who are comatose with no palpable pulse and no visible respiration. Although they appear to be dead, the injured individual may have a slight chance of recovery if the rectal temperature is 60.8 degrees Fahrenheit (16 degrees Centigrade) or higher. If possible, medical personnel should proceed as follows:

- (1) Apply positive pressure ventilation with oxygen.
- (2) Judge the possibility of administering cardiopulmonary resuscitation (CPR). The decision of whether to administer CPR is probably more situational than medical, yet administration is controversial. Respiratory effort is lost long before cardiac function; yet, successful resuscitations

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after an estimated three (3) hours of no heart beat have been reported. The number of successful resuscitations is growing rapidly with better understanding of physiology and more management experience. Consider the following before initiating CPR:

- (a) The difficulty in verifying, in the field, that the heart has stopped;
 - (b) The compromise of rescuers to administer procedure during evacuation;
 - (c) The ability to continue CPR during rescue;
 - (d) The likelihood that chest compression shall fibrillate or stop the slow-beating, sensitive heart; and
 - (e) The unlikelihood of continuing circulation by compressing a cold, stiff chest and heart muscle.
- (3) Insulate injured individual and transport to definitive medical care.

II. Extreme Heat Conditions

A. Determination

- 1. The Warden shall use the Heat and Humidity Matrix (Attachment B) to determine the heat index which is a factor in determining safe hot weather working conditions.
- 2. Guidelines to assist the Warden in making the determination can be found in the Heat and Humidity Matrix and by contacting the local news media to confirm specific temperature conditions
- 3. When the temperature is over 85 degrees Fahrenheit, the Warden shall determine whether or not the work environment is safe by referring to the Heat and Humidity Matrix (Attachment B). At any point when the heat and humidity index indicates the possibility of heat exhaustion or heatstroke, the Warden will direct that the precautionary measures identified in the Heat and Humidity Matrix (Attachment B) be initiated immediately.

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4. If the combination of temperature and humidity indicates that at least heat exhaustion is possible, precautionary measures must be implemented as stated in the Heat and Humidity Matrix (Attachment B).
5. If guidance is needed, the Warden is encouraged to consult medical sources to evaluate the hazards of the effective temperatures, and the hazard of sunburn and other results of ultraviolet radiation, prior to exposing offenders to extremely hot working conditions.
6. Offenders shall be provided and required to use clothing appropriate to the effective temperatures and the hazards imposed by ultraviolet radiation (usually light-weight, long-sleeved shirts can be used to an advantage in high heat and direct sunlight). Light hats are also recommended.
7. Drinking water shall always be available to offenders in conditions of hot weather. Sodium-containing liquids may be used, according to individual medical advice, depending on a offender's state of acclimatization to hot weather working conditions.
8. Newly assigned offenders, who may not be acclimated to the heat, should be evaluated medically prior to being subjected to significant heat stress, and should be closely monitored by supervisors for early evidence of heat intolerance.
9. High water intake, according to the Heat and Humidity Matrix (Attachment B), should be enforced.
10. Offenders under treatment with diuretics or drugs which inhibit sweating require special medical evaluation prior to assignment to work in extreme heat.

B: Symptoms

1. Heat Stroke symptoms are as follows:
 - a. Perspiring (sweating) is diminished or absent;
 - b. The skin is hot, dry, and flushed; and
 - c. Increased body temperatures, which if uncontrolled may lead to delirium, convulsions, and even death. Medical care is urgently needed.

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2. Heat Cramps symptoms include the following:
 - a. Painful, intermittent spasms of the voluntary muscles following hard physical work in a hot environment; and
 - b. Cramps usually occur after heavy perspiring, and often begin at the end of a work shift.
3. Heat Exhaustion symptoms are as follows:
 - a. Profuse perspiring, weakness, rapid pulse, dizziness, nausea, and headaches;
 - b. The skin is cool and sometimes pale and clammy with perspiration;
 - c. Body temperature is normal or subnormal; and
 - d. Nausea, vomiting, and unconsciousness may occur.

C. Emergency Treatment

1. In all cases of temperature-related incidents or injuries, the First Aid process is to be initiated immediately by either security personnel or by other unit/facility staff.
2. The on-site personnel must immediately begin an attempt to decrease the offender's temperature by placing the offender in a cool area.
3. Only force oral fluid intake if the offender is conscious and able to safely swallow.
4. Remove heavy clothing or excess layers of clothing; saturate remaining lightweight clothing with water. Position victim in the shade with air movement past the victim; fan victim if necessary to create air movement.
5. If ice is available, put ice packs in armpit and groin areas.
6. All of these measures are to be taken while moving the offender in the most expeditious means available to continue with and obtain proper medical treatment.
7. Whenever medical staff are on-site, treatment is to continue as directed by the physician or medical staff.

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8. In all cases of temperature related incidents or injuries, medical staff and the unit/facility Risk Management Coordinator shall be notified immediately.

III. Training

- A. Each Warden must ensure that training in the prevention of temperature extreme injury is provided by the unit/facility Medical Department to all supervisory personnel who manage offenders.
- B. Documentation of completed training by name and social security number shall be maintained by the Manager of Health Services/Facility Health Administrator. A copy of all training rosters shall be provided to the unit/facility Risk Management Coordinator and Human Resources representative (staff training). Additionally, all staff training will be documented on the In-Service Training Record (TNG-99)
- C. A standardized training program shall be developed by the TDCJ Department of Preventive Medicine in conjunction with the UTMB Department of Education and Professional Development.
 1. The initial extreme temperature conditions training is provided in the Pre-Service and In-Service Training sessions.
 2. The training is given in a group setting.
 3. All units/facilities are responsible for conducting an annual refresher standardized training program utilizing unit/facility-based medical staff.
 4. Requests for selected unit/facility training must be addressed to the TDCJ Director of Preventive Medicine.


Ed Owens
Deputy Executive Director

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WIND-CHILL INDEX

Wind Speed in MPH	ACTUAL THERMOMETER READING (F)										
	50	40	30	20	10	0	-10	-20	-30	-40	
	EQUIVALENT TEMPERATURE (F)										
CALM	50	40	30	20	10	0	-10	-20	-30	-40	
5	48	37	27	16	6	-5	-15	-26	-36	-47	
10	40	28	16	4	-9	-21	-33	-46	-58	-70	
15	36	22	9	-5	-18	-36	-45	-58	-72	-85	
20	32	18	4	-10	-25	-39	-53	-67	-82	-96	
25	30	16	0	-15	-29	-44	-59	-74	-88	-104	
30	28	13	-2	-18	-33	-48	-63	-79	-94	-109	
35	27	11	-4	-20	-35	-49	-67	-82	-98	-113	
40	26	10	-6	-21	-37	-53	-69	-85	-100	-116	
Over 40 MPH (little added effect)	LITTLE DANGER (for properly clothed person)				INCREASING DANGER			GREAT DANGER			
	(Danger from freezing or exposed flesh)										

The human body senses "cold" as a result of both the air temperature and wind velocity. Cooling of exposed flesh increases rapidly as the wind velocity goes up. Frostbite can occur at relatively mild temperatures if wind penetrates the body insulation. For example, when the actual air temperature of the wind is 40 degrees Fahrenheit (4.4 degrees Celsius) and its velocity is 30 mph (48 km/h), the exposed skin would perceive this situation as an equivalent still air temperature of 13 degrees (-11 degrees Celsius).

Clothing considered appropriate and currently available in the inventory is thermal underwear, insulated coats, cotton gloves, insulated hoods, and the heavy work shoes with socks. Again, caution must be taken when exposure for longer periods of time occurs.

HEAT and HUMIDITY MATRIX

Relative Humidity	AIR TEMPERATURE (Degrees Fahrenheit)										
	70	75	80	85	90	95	100	105	110	115	120
	Apparent Temperature										
0%	64	69	73	78	83	87	*91	*95	*99	*103	+107
10%	65	70	75	80	85	*90	*95	*100	+105	+111	+116
20%	66	72	77	82	87	*93	*99	+105	+112	+120	\$130
30%	67	73	78	84	*90	*96	*104	+113	+123	\$135	\$148
40%	68	74	79	86	*93	*101	+110	+123	\$137	\$151	
50%	69	75	81	88	*96	+107	+120	\$135	\$150		
60%	70	76	82	*90	*100	+114	\$132	\$149			
70%	70	77	85	*93	+106	+124	\$144				
80%	71	78	86	*97	+113	\$136					
90%	71	79	88	*102	+122						
100%	72	80	*91	+108							

\$ - Heatstroke imminent

+ - Heatstroke possible

* - Heat exhaustion possible

Heat exhaustion: Staff to ensure adequacy of water intake, look for signs of exhaustion. Five (5) minute rest breaks every hour.

Heatstroke possible: Staff to promote high water intake, five (5) minute rest break every one-half (1/2) hour-lay down, feet up. Reduce work by one-third (1/3).

Heatstroke imminent: Secure outside work or reduce work pace by one-half (1/2) to two-thirds (2/3). Ten (10) minute break every one-half (1/2) hour-lay down, feet up. Insist on excessive water intake.

Heat and Humidity: At high temperatures, the human body normally cools itself through the evaporation of perspiration. But humidity interferes with this process. The table above, from the National Weather Service, shows how discomfort and health risks grow as heat and humidity increase. Remember: Apparent temperatures may run 15 to 30 degrees higher in urban areas with their vast expanses of concrete and asphalt.

MEDICATION PASS

06/27/2004

TDC NO.: 01172218
UNIT: RLNAME: ROBERTSON, RICKY L
HOUSING LOCATION: DORM J-2BED: 009 *P.A. 51*

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
LITHIUM CARBONATE 300MG CAP	FAUST, HARRY L	06/25/04	07/24/04	0 11	06/19/05
TAKE 3 CAPSULES 2 TIMES EVERY DAY FOR 30 DAYS.					
CHLORPROMAZINE 100MG TABLET	FAUST, HARRY L	06/25/04	07/24/04	0 11	06/19/05
TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS.					
BENZTROPINE MES 2MG TABLET	FAUST, HARRY L	06/25/04	07/24/04	0 11	06/19/05
TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS.					
AMANTADINE 100MG CAPS #	FAUST, HARRY L	06/25/04	07/24/04	0 11	06/19/05
TAKE 1 CAPSULE 2 TIMES EVERY DAY FOR 30 DAYS.					

MEDICATION PASS

07/07/2004

REC NO.: 01172210

UNIT: 34

NAME: ROBERTSON, RICKY L

HOUSING LOCATION: DORM B2B

BED: 206

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINHL EXP
LITHIUM CARBONATE 300MS CAP	FAUST, HARRY L	06/25/04	07/24/04	0 11	06/19/05
TAKE 3 CAPSULES 2 TIMES EVERY DAY FOR 30 DAYS.					
CHLORPROMAZINE 100MG TABLET	FAUST, HARRY L	06/25/04	07/24/04	0 11	06/19/05
TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS.					
SCNITROPINE MES 2MG TABLET	FAUST, HARRY L	06/25/04	07/24/04	0 11	06/19/05
TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS.					
AMANTADINE 100MS CAPS	FAUST, HARRY L	06/25/04	07/24/04	0 11	06/19/05
TAKE 1 CAPSULE 2 TIMES EVERY DAY FOR 30 DAYS.					
NORTRIPTYLINE 75MG CAPSULE	YU, KARL D	06/30/04	07/29/04	0 11	06/24/05
1 CAP QPM X 30 D FOR DEPRESSION					
CHLORPROMAZINE 50MG TAB #	YU, KARL D	07/07/04	08/05/04	0 11	07/01/05
1 TAB BID - HANC W/ 100 MG BID - TTL DOSE 150MG BID					

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MM      MM DDDDDDDDD PPPPPPPPPP HH      HH RRRRRRRRRR PPPPPPPPPP 666666666 888888888
MMM     MMM DDDDDDDDD PPPPPPPPPP HH      HH RRRRRRRRRR PPPPPPPPPP 666666666 888888888
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MM MM   MM DD      DD PPPPPPPPPP HHHHHHHHHH RRRRRRRRRR PPPPPPPPPP 666666666 8888888
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MM      MM DD      DD PP      PP HH      HH RR      RR PP      PP 66      66 88      88
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* NAME:           DELLA TALLENT
* ROOM:
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* PRINTER:        PRT8
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1	REPORT NO. PH0413	T. D. C. J. - INSTITUTIONAL DIVISION	01/31/2005
2	MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004		
3	LABEL NAME: PSYLLIUM POWDER PACKETS		
4	TDC #: 01172218 NAME: ROBERTSON, RICKY L		
5	RX DATE: 05/19/2004 RX TIME: 12:47:54 ROUTE: ORAL		
6	START DATE: 05/20/2004 EXPIRE DATE: 06/02/2004		
7	DOSAGE: TAKE 1 PK ORAL POWDER 1 TIME EVERY DAY FOR 14 DAYS-KOP.		
8	DATE	TIME	TERM TECHNICIAN
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1	REPORT NO. PH0413	T. D. C. J. - INSTITUTIONAL DIVISION	01/31/2005
2	MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004		
3	LABEL NAME: LITHIUM CARBONATE 300MG CAP		
4	TDC #: 01172218 NAME: ROBERTSON, RICKY L		
5	RX DATE: 05/21/2004 RX TIME: 18:02:07 ROUTE: ORAL		
6	START DATE: 05/21/2004 EXPIRE DATE: 06/19/2004		
7	DOSAGE: TAKE 3 CAPSULES 2 TIMES EVERY DAY FOR 30 DAYS.		
8	DATE	TIME	TERM TECHNICIAN
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1	REPORT NO. PH0413	T. D. C. J. - INSTITUTIONAL DIVISION	01/31/2005
2	MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004		
3	LABEL NAME: CHLORPROMAZINE 100MG TABLET		
4	TDC #: 01172218 NAME: ROBERTSON, RICKY L		
5	RX DATE: 05/21/2004 RX TIME: 18:02:53 ROUTE: ORAL		
6	START DATE: 05/21/2004 EXPIRE DATE: 06/19/2004		
7	DOSAGE: TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS.		
8	DATE	TIME	TERM
9	A 06/01/2004	06:33:33	RLM4
10	A 06/01/2004	18:56:56	RLM4
11	A 06/02/2004	06:50:50	RLM4
12	A 06/02/2004	19:10:10	RLM4
13	A 06/03/2004	06:46:46	RLM4
14	A 06/03/2004	19:06:06	RLM4
15	A 06/04/2004	06:56:56	RLM4
16	A 06/04/2004	19:27:27	RLM4
17	A 06/05/2004	10:28:28	RLM4
18	A 06/05/2004	17:09:09	RLM4
19	A 06/06/2004	10:14:14	RLM4
20	A 06/06/2004	17:08:08	RLM4
21	A 06/06/2004	17:09:09	RLM4
22	A 06/07/2004	06:43:43	RLM4
23	R 06/07/2004	19:02:02	RLM4
24	R 06/08/2004	06:39:39	RLM4
25	R 06/08/2004	19:09:09	RLM4
26	A 06/09/2004	07:08:08	RLM4
27	A 06/09/2004	19:57:57	RLM4
28	A 06/10/2004	06:39:39	RLM4
29	A 06/10/2004	20:25:25	RLM4
30	A 06/11/2004	10:33:33	RLM4
31	A 06/11/2004	17:32:32	RLM4
32	A 06/12/2004	10:52:52	RLM4
33	R 06/12/2004	17:07:07	RLM4
34	R 06/13/2004	10:24:24	RLM4
35	A 06/13/2004	17:09:09	RLM4
36	A 06/14/2004	06:33:33	RLM4
37	A 06/14/2004	18:56:56	RLM4
38	A 06/15/2004	06:47:47	RLM4
39	A 06/15/2004	18:51:51	RLM4
40	A 06/16/2004	06:50:50	RLM4
41	A 06/16/2004	19:00:00	RLM4
42	A 06/17/2004	06:59:59	RLM4
43	A 06/17/2004	20:55:55	RLM4
44	A 06/18/2004	06:42:42	RLM4
45	A 06/18/2004	18:55:55	RLM4
46	A 06/19/2004	10:10:10	RLM4
47	A 06/19/2004	16:53:53	RLM4
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1	REPORT NO. PH0413	T. D. C. J. - INSTITUTIONAL DIVISION	01/31/2005
2	MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004		
3	LABEL NAME: LITHIUM CARBONATE 300MG CAP		
4	TDC #: 01172218 NAME: ROBERTSON, RICKY L		
5	RX DATE: 06/15/2004 RX TIME: 23:00:00 ROUTE: ORAL		
6	START DATE: 06/20/2004 EXPIRE DATE: 06/25/2004		
7	DOSAGE: TAKE 3 CAPSULES 2 TIMES EVERY DAY FOR 30 DAYS.		
8	DATE	TIME	TERM
9	R 06/20/2004	10:08:08	RLM4
10	R 06/20/2004	16:59:59	RLM4
11	A 06/21/2004	06:44:44	RLM4
12	A 06/21/2004	18:42:42	RLM4
13	A 06/22/2004	06:40:40	RLM4
14	A 06/22/2004	20:56:56	RLM4
15	A 06/23/2004	07:19:19	RLM4
16	A 06/23/2004	19:02:02	RLM4
17	A 06/24/2004	06:36:36	RLM4
18	A 06/24/2004	19:06:06	RLM4
19	A 06/25/2004	06:36:36	RLM4
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MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004

LABEL NAME: CHLORPROMAZINE 100MG TABLET

TDC #: 01172218 NAME: ROBERTSON, RICKY L

RX DATE: 06/15/2004 RX TIME: 23:00:01 ROUTE: ORAL

START DATE: 06/20/2004 EXPIRE DATE: 06/25/2004

DOSAGE: TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS.

DATE	TIME	TERM	TECHNICIAN
A 06/20/2004	10:08:08	RLM4	
A 06/20/2004	16:59:59	RLM4	
A 06/21/2004	06:44:44	RLM4	
A 06/21/2004	18:42:42	RLM4	
A 06/22/2004	06:40:40	RLM4	
A 06/22/2004	20:56:56	RLM4	
A 06/23/2004	07:19:19	RLM4	
A 06/23/2004	19:02:02	RLM4	
A 06/24/2004	06:36:36	RLM4	
A 06/24/2004	19:06:06	RLM4	
A 06/25/2004	06:36:36	RLM4	

REPORT NO. PH0413 T. D. C. J. - INSTITUTIONAL DIVISION 01/31/2005

MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004

LABEL NAME: LITHIUM CARBONATE 300MG CAP

TDC #: 01172218 NAME: ROBERTSON, RICKY L

RX DATE: 06/25/2004 RX TIME: 10:29:54 ROUTE: ORAL

START DATE: 06/25/2004 EXPIRE DATE: 07/19/2004

DOSAGE: TAKE 3 CAPSULES 2 TIMES EVERY DAY FOR 30 DAYS.

DATE	TIME	TERM	TECHNICIAN
A 06/25/2004	18:43:43	RLM4	
A 06/26/2004	10:31:31	RLM4	
A 06/26/2004	18:24:24	RLM4	
A 06/27/2004	10:58:58	RLM4	
A 06/27/2004	17:01:01	RLM4	
R 06/28/2004	08:02:02	J4MK	
R 06/28/2004	16:29:29	J4MK	
A 06/29/2004	09:33:33	J4MD	
R 06/29/2004	16:32:32	J4MH	
A 06/30/2004	09:03:03	J4MB	
A 06/30/2004	15:06:06	J4MB	
A 07/01/2004	07:09:09	J4MB	
A 07/01/2004	15:55:55	J4MB	
A 07/02/2004	07:35:35	J4MK	
A 07/02/2004	17:15:15	J4MK	
A 07/03/2004	08:19:19	J4M1	
A 07/03/2004	16:52:52	J4M1	
A 07/04/2004	08:10:10	J4MB	
A 07/04/2004	16:05:05	J4MK	
A 07/05/2004	07:47:47	J4MB	
A 07/05/2004	16:57:57	J4MB	
A 07/06/2004	06:58:58	J4MB	
A 07/06/2004	14:48:48	J4MB	
A 07/07/2004	07:45:45	J4MB	
A 07/07/2004	16:45:45	J4MB	
A 07/08/2004	08:10:10	J4MK	
A 07/08/2004	18:01:01	J4MP	
A 07/09/2004	07:21:21	J4MB	
A 07/09/2004	16:47:47	J4MB	
A 07/10/2004	06:51:51	J4MB	
A 07/10/2004	16:39:39	J4MB	
A 07/11/2004	07:05:05	J4MB	
A 07/11/2004	16:15:15	J4M1	
A 07/12/2004	06:40:40	J4MB	
A 07/12/2004	17:04:04	J4MB	
A 07/13/2004	09:06:06	J4MB	
A 07/13/2004	15:50:50	J4MK	
A 07/14/2004	07:15:15	J4MB	
A 07/14/2004	17:21:21	J4H7	
A 07/15/2004	11:10:10	DANA	
A 07/15/2004	16:46:46	DANA	

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1	REPORT NO. PH0413	T. D. C. J. - INSTITUTIONAL DIVISION	01/31/2005
2	MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004		
3	LABEL NAME: CHLORPROMAZINE 100MG TABLET		
4	TDC #: 01172218 NAME: ROBERTSON, RICKY L		
5	RX DATE: 06/25/2004 RX TIME: 10:30:09 ROUTE: ORAL		
6	START DATE: 06/25/2004 EXPIRE DATE: 07/19/2004		
7	DOSAGE: TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS.		
8	DATE	TIME	TERM
9	A 06/25/2004	18:43:43	RLM4
10	A 06/26/2004	10:31:31	RLM4
11	A 06/26/2004	18:24:24	RLM4
12	A 06/27/2004	10:38:38	RLM4
13	A 06/27/2004	17:01:01	RLM4
14	R 06/28/2004	08:02:02	J4MK
15	R 06/28/2004	16:29:29	J4MK
16	A 06/29/2004	09:53:53	J4MD
17	R 06/29/2004	16:32:32	J4MH
18	A 06/30/2004	09:03:03	J4MB
19	A 06/30/2004	15:06:06	J4MB
20	A 07/01/2004	07:09:09	J4MB
21	A 07/01/2004	15:55:55	J4MB
22	A 07/02/2004	07:55:55	J4MK
23	A 07/02/2004	17:15:15	J4MK
24	A 07/03/2004	08:19:19	J4M1
25	A 07/03/2004	16:32:32	J4M1
26	A 07/04/2004	08:10:10	J4MB
27	A 07/04/2004	16:05:05	J4MK
28	A 07/05/2004	07:47:47	J4MB
29	A 07/05/2004	16:57:57	J4MB
30	A 07/06/2004	06:58:58	J4MB
31	A 07/06/2004	14:48:48	J4MB
32	A 07/07/2004	07:45:45	J4MB
33	A 07/07/2004	16:45:45	J4MB
34	A 07/08/2004	08:10:10	J4MK
35	A 07/08/2004	18:01:01	J4MP
36	A 07/09/2004	07:21:21	J4MB
37	A 07/09/2004	16:47:47	J4MB
38	A 07/10/2004	06:51:51	J4MB
39	A 07/10/2004	16:39:39	J4MB
40	A 07/11/2004	07:05:05	J4MB
41	A 07/11/2004	17:15:15	J4M1
42	A 07/12/2004	06:40:40	J4MB
43	A 07/12/2004	17:04:04	J4MB
44	A 07/13/2004	09:06:06	J4MB
45	A 07/13/2004	15:50:50	J4MK
46	A 07/14/2004	07:15:15	J4MB
47	A 07/14/2004	17:21:21	J4M7
48	A 07/15/2004	11:10:10	DAMA
49	A 07/15/2004	16:46:46	DAMA

1	REPORT NO. PH0413	T. D. C. J. - INSTITUTIONAL DIVISION	01/31/2005
2	MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004		
3	LABEL NAME: BENZTROPINE MES 2MG TABLET		
4	TDC #: 01172218 NAME: ROBERTSON, RICKY L		
5	RX DATE: 06/25/2004 RX TIME: 10:30:27 ROUTE: ORAL		
6	START DATE: 06/25/2004 EXPIRE DATE: 07/19/2004		
7	DOSAGE: TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS.		
8	DATE	TIME	TERM
9	A 06/25/2004	18:43:43	RLM4
10	A 06/26/2004	10:31:31	RLM4
11	A 06/26/2004	18:24:24	RLM4
12	A 06/27/2004	10:38:38	RLM4
13	A 06/27/2004	17:01:01	RLM4
14	R 06/28/2004	08:02:02	J4MK
15	R 06/28/2004	16:29:29	J4MK
16	A 06/29/2004	09:53:53	J4MD
17	R 06/29/2004	16:32:32	J4MH
18	A 06/30/2004	09:03:03	J4MB
19	A 06/30/2004	15:06:06	J4MB
20	A 07/01/2004	07:09:09	J4MB
21	A 07/01/2004	15:55:55	J4MB
22	A 07/02/2004	07:55:55	J4MK
23	A 07/02/2004	17:15:15	J4MK
24	A 07/03/2004	08:19:19	J4M1
25	A 07/03/2004	16:32:32	J4M1
26	A 07/04/2004	08:10:10	J4MB
27	A 07/04/2004	16:05:05	J4MK
28	A 07/05/2004	07:47:47	J4MB
29	A 07/05/2004	16:57:57	J4MB
30	A 07/06/2004	06:58:58	J4MB
31	A 07/06/2004	14:48:48	J4MB
32	A 07/07/2004	07:45:45	J4MB
33	A 07/07/2004	16:45:45	J4MB
34	A 07/08/2004	08:10:10	J4MK
35	A 07/08/2004	18:01:01	J4MP
36	A 07/09/2004	07:21:21	J4MB
37	A 07/09/2004	16:47:47	J4MB
38	A 07/10/2004	06:51:51	J4MB
39	A 07/10/2004	16:39:39	J4MB
40	A 07/11/2004	07:05:05	J4MB
41	A 07/11/2004	17:15:15	J4M1
42	A 07/12/2004	06:40:40	J4MB
43	A 07/12/2004	17:04:04	J4MB
44	A 07/13/2004	09:06:06	J4MB
45	A 07/13/2004	15:50:50	J4MK
46	A 07/14/2004	07:15:15	J4MB
47	A 07/14/2004	17:21:21	J4M7
48	A 07/15/2004	11:10:10	DAMA
49	A 07/15/2004	16:46:46	DAMA

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1	REPORT NO. PH0413	T. D. C. J. - INSTITUTIONAL DIVISION	01/31/2005
2	MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004		
3	LABEL NAME: AMANTADINE 100MG CAPS #		
4	TDC #: 01172218 NAME: ROBERTSON, RICKY L		
5	RX DATE: 06/25/2004 RX TIME: 10:34:53 ROUTE: ORAL		
6	START DATE: 06/25/2004 EXPIRE DATE: 07/19/2004		
7	DOSAGE: TAKE 1 CAPSULE 2 TIMES EVERY DAY FOR 30 DAYS.		
8	DATE	TIME	TERM
9	A 06/25/2004	18:43:43	RLM4
10	A 06/26/2004	10:31:31	RLM4
11	A 06/26/2004	18:24:24	RLM4
12	A 06/27/2004	10:38:58	RLM4
13	A 06/27/2004	17:01:01	RLM4
14	R 06/28/2004	08:02:02	J4MK
15	R 06/28/2004	16:29:29	J4MK
16	A 06/29/2004	09:53:53	J4MD
17	R 06/29/2004	16:32:32	J4MH
18	A 06/30/2004	09:05:05	J4MB
19	A 06/30/2004	15:06:06	J4MB
20	A 07/01/2004	07:09:09	J4MB
21	A 07/01/2004	15:55:55	J4MB
22	A 07/02/2004	07:35:35	J4MK
23	A 07/02/2004	17:15:15	J4MK
24	A 07/03/2004	08:19:19	J4H1
25	A 07/03/2004	16:32:32	J4H1
26	A 07/04/2004	08:10:10	J4MB
27	A 07/04/2004	16:05:05	J4MK
28	A 07/05/2004	07:47:47	J4MB
29	A 07/05/2004	16:57:57	J4MB
30	A 07/06/2004	06:58:58	J4MB
31	A 07/06/2004	14:48:48	J4MB
32	A 07/07/2004	07:45:45	J4MB
33	A 07/07/2004	16:45:45	J4MB
34	A 07/08/2004	08:10:10	J4MK
35	A 07/08/2004	18:01:01	J4HP
36	A 07/09/2004	07:21:21	J4MB
37	A 07/09/2004	16:47:47	J4MB
38	A 07/10/2004	06:51:51	J4MB
39	A 07/10/2004	16:39:39	J4MB
40	A 07/11/2004	07:05:05	J4MB
41	A 07/11/2004	17:15:15	J4H1
42	A 07/12/2004	06:40:40	J4MB
43	A 07/12/2004	17:04:04	J4MB
44	A 07/13/2004	09:06:06	J4MB
45	A 07/13/2004	15:50:50	J4MK
46	A 07/14/2004	07:15:15	J4MB
47	A 07/14/2004	17:21:21	J4H7
48	A 07/15/2004	11:10:10	DANA
49	A 07/15/2004	16:46:46	DANA
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1	REPORT NO. PH0413	T. D. C. J. - INSTITUTIONAL DIVISION	01/31/2005
2	MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004		
3	LABEL NAME: NORTRIPTYLINE 75MG CAPSULE		
4	TDC #: 01172218 NAME: ROBERTSON, RICKY L		
5	RX DATE: 06/30/2004 RX TIME: 11:26:33 ROUTE: ORAL		
6	START DATE: 06/30/2004 EXPIRE DATE: 07/19/2004		
7	DOSAGE: 1 CAP QPH X 30 D FOR DEPRESSION		
8	DATE	TIME	TERM
9	A 06/30/2004	15:06:06	J4MB
10	A 07/01/2004	15:55:55	J4MB
11	A 07/02/2004	17:15:15	J4MK
12	A 07/03/2004	16:32:32	J4H1
13	A 07/04/2004	16:05:05	J4MK
14	A 07/05/2004	16:57:57	J4MB
15	A 07/06/2004	14:48:48	J4MB
16	A 07/07/2004	16:45:45	J4MB
17	A 07/08/2004	18:01:01	J4HP
18	A 07/09/2004	16:47:47	J4MB
19	A 07/10/2004	16:39:39	J4MB
20	A 07/11/2004	17:15:15	J4H1
21	A 07/12/2004	17:04:04	J4MB
22	A 07/13/2004	15:50:50	J4MK
23	A 07/14/2004	17:21:21	J4H7
24	A 07/15/2004	16:46:46	DANA
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1	REPORT NO. PH0413	T. D. C. J. - INSTITUTIONAL DIVISION	01/31/2005
2	MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004		
3	LABEL NAME: NORTRIPTYLINE 50MG CAPSULE		
4	TDC #: 01172218 NAME: ROBERTSON, RICKY L		
5	RX DATE: 06/30/2004 RX TIME: 11:32:21 ROUTE: ORAL		
6	START DATE: 06/30/2004 EXPIRE DATE: 06/30/2004		
7	DOSAGE: 1 CAP QPH X 30 D FOR DEPRESSION		
8	DATE	TIME	TERM TECHNICIAN
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1	REPORT NO. PH0413	T. D. C. J. - INSTITUTIONAL DIVISION	01/31/2005
2	MEDICATION COMPLIANCE FROM 06/01/2004 THRU 07/15/2004		
3	LABEL NAME: CHLORPROMAZINE 50MG TAB #		
4	TDC #: 01172218 NAME: ROBERTSON, RICKY L		
5	RX DATE: 07/07/2004 RX TIME: 14:32:06 ROUTE: ORAL		
6	START DATE: 07/07/2004 EXPIRE DATE: 07/19/2004		
7	DOSAGE: 1 TAB BID--TAKE W/ 100 MG BID--TTL DOSE 150MG BID		
8	DATE	TIME	TERM TECHNICIAN
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